Public Document Pack

Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD
AGENDA

1.00 pm	Wednesday, 30 July 2025	Council Chamber - Town Hall

Members: 18, Quorum: 6

BOARD MEMBERS:

Elected Members:	Cllr Gillian Ford (Chairman), Cllr Oscar Ford, Cllr Natasha Summers and Cllr Paul McGeary
Officers of the Council:	Andrew Blake-Herbert, Mark Ansell, Barbara Nicholls, Tara Geere, Patrick Odling-Smee and Neil Stubbings
NEL ICB:	Kirsty Boettcher, Narinderjit Kullar, Luke Burton and Emily Plane
Other Organisations:	Fiona Wheeler, Lynn Hollis, Vicki Kong, Anne-Marie Dean, Carol White, Paul Rose and Sarita Symon

For information about the meeting please contact:
Luke Phimister 01708 434619 01708 434619
luke.phimister@onesource.co.uk

Please would all Members and officers attending ensure they sit in their allocated seats as this will enable correct identification of participants on the meeting webcast.

Under the Committee Procedure Rules within the Council's Constitution the Chairman of the meeting may exercise the powers conferred upon the Mayor in relation to the conduct of full Council meetings. As such, should any member of the public interrupt proceedings, the Chairman will warn the person concerned. If they continue to interrupt, the Chairman will order their removal from the meeting room and may adjourn the meeting while this takes place.

Excessive noise and talking should also be kept to a minimum whilst the meeting is in progress in order that the scheduled business may proceed as planned.

What is the Health and Wellbeing Board?

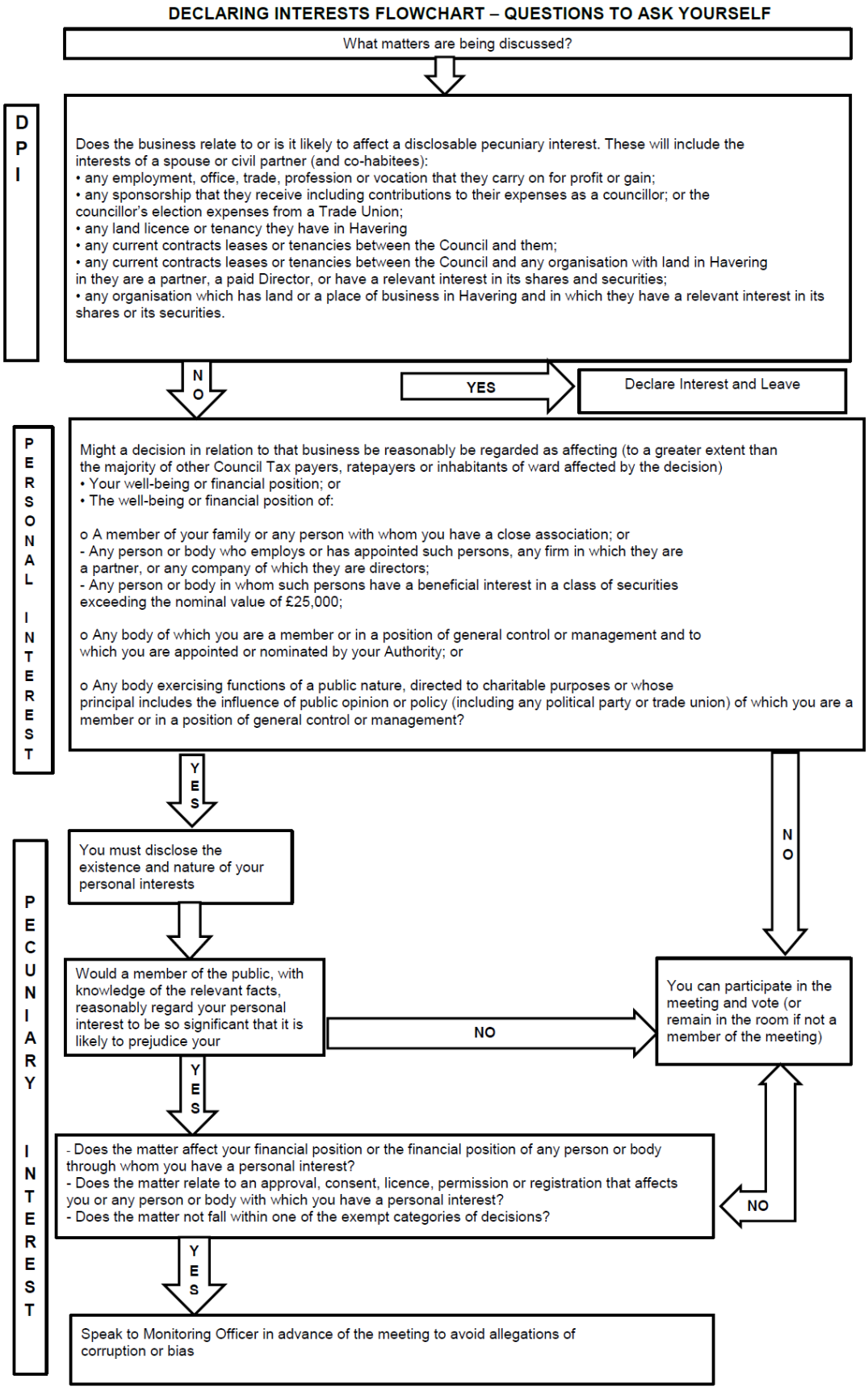
Havering's Health and Wellbeing Board (HWB) is a Committee of the Council on which both the Council and local NHS and other bodies are represented. The Board works towards ensuring people in Havering have services of the highest quality which promote their health and wellbeing and to narrow inequalities and improve outcomes for local residents. It will achieve this by coordinating the local NHS, social care, children's services and public health to develop greater integrated working to make the best use of resources collectively available.

What does the Health and Wellbeing Board do?

As of April 2013, Havering's HWB is responsible for the following key functions:

- Championing the local vision for health improvement, prevention / early intervention, integration and system reform
- Tackling health inequalities
- Using the Joint Strategic Needs Assessment (JSNA)and other evidence to determine priorities
- Developing a Joint Health and Wellbeing Strategy (JHWS)
- Ensuring patients, service users and the public are engaged in improving health and wellbeing
- Monitoring the impact of its work on the local community by considering annual reports and performance

information



Principles of conduct in public office

In accordance with the provisions of the Localism Act 2011, when acting in the capacity of a Member, they are committed to behaving in a manner that is consistent with the following principles to achieve best value for the Borough's residents and to maintain public confidence in the Council.

SELFLESSNESS: Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

INTEGRITY: Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

OBJECTIVITY: In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

ACCOUNTABILITY: Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

OPENNESS: Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

HONESTY: Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

LEADERSHIP: Holders of public office should promote and support these principles by leadership and example.

AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2 APOLOGIES FOR ABSENCE

(If any) – receive

3 DISCLOSURE OF INTERESTS

Members are invited to disclose any interest in any of the items on the agenda at this point of the meeting.

Members may still disclose any interest in any item at any time prior to the consideration of the matter.

4 MINUTES (Pages 7 - 10)

To approve as a correct record the minutes of the Committee held on 7th May 2025 and to authorise the Chairman to sign them.

5 PHARMACEUTICAL NEEDS ASSESSMENT (Pages 11 - 26)

6 HEALTHY WEIGHT STRATEGY ANNUAL REPORT (Pages 27 - 86)

7 SUICIDE PREVENTION ANNUAL REPORT (Pages 87 - 114)

8 NHS 10 YEAR PLAN BRIEFING (Pages 115 - 144)

Zena Smith
Head of Committee and Election Services

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MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD
Council Chamber - Town Hall
7 May 2025 (1.03 - 3.07 pm)

Present:

Elected Members: Councillors Gillian Ford (Chairman), Oscar Ford and Paul McGeary

Officers of the Council: Sam Westrop (substituting for Mark Ansell)

NEL ICB: Narinderjit Kullar (NEL ICB) and Luke Burton (NEL ICB)

Other Organisations: Vicki Kong (NHS Clinical Director), Anne-Marie Dean (Healthwatch Havering), Paul Rose (Voluntary & Community Sector) and Beth Williams (substituting for Fiona Wheeler)

Present Online: Sarita Symon and Mark Ansell

10 **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman reminded Members of the action to be taken in an emergency.

11 **APOLOGIES FOR ABSENCE**

Apologies were received for the absence of Fiona Wheeler, Andrew Blake-Herbert, Mark Ansell, Barbara Nicholls, Patrick Odling-Smee and Sarita Symon.

12 **DISCLOSURE OF INTERESTS**

There were no disclosures of interests.

13 **MINUTES**

The minutes of the previous meeting were agreed as a correct record and signed by the Chairman.

14 **MATTERS ARISING**

There were no matters to discuss following the previous meeting.

15 **BCF**

The Board was presented with a report on the delivery of the Better Care Fund (BCF).

Members noted officers were seeking approval to enter into the Section 75 agreement with the NEL ICB to govern the delivery of the BCF for 2025-26. It was explained that the partnership had moved to a Havering Place Based Partnership and had moved away from the BHR agreement for the BCF. Regional approval of the BCF was anticipated. It was clarified that, until any updates to the scope of Health & Wellbeing Boards come into effect, the oversight of the BCF would still fall under the Board.

The Board;

1. **Agreed** to enter into a section 75 agreement with Havering Place-Based Partnership, on the terms and conditions outlined in this report, to govern the delivery of the approved Better Care Fund Plan for Havering for the period 2025/2026.
2. **Delegated** authority to approve the final terms of the proposed section 75 agreement to the Cabinet Member for Adults and Health, after consultation with the Leader of the Council and the Strategic Director of People.
3. **Delegated** the function of monitoring the implementation and operation of the Better Care Fund and s75 Agreement to the Cabinet Member for Adults and Health.
4. **Delegated** authority for all necessary decisions with respect to the implementation and operation of all matters relating to the Better Care Fund and section 75 agreement to the Strategic Director of People.

16 HEALTHWATCH ANNUAL REPORT

The Board received the Healthwatch Havering annual report.

It was explained to the Board that the focus on the recent work was ‘listening and sharing’ and to deliver suggestions and solutions to improve services. It was noted over 1000 shared experiences with 139 residents contacting HH for advice. The Board noticed the most important report produced was on maternity.

It was noted HH participated in the Big Conversation with all London Healthwatches. They were commissioned to interact with over 100 residents on the topic of good care. Improvements had been identified and had been passed to decision makers.

Thanks was given to NHS colleagues for their work on the Deafness is not a Barrier initiative and on the St George’s Health and Wellbeing Hub.

The Board **noted** the report.

17 LB HAVERING JSNA 2025

The Board was presented with the JSNA for 2025.

It was noted the JSNA covered 3 areas; Living Well, Ageing Well and Dying Well with some overlap between each of the 3 areas. Members noted the JSNA had been approved by the Adults Delivery Board in March 2025 and had been shared with the Place Based Partnership in April 2025. The Board received 9 recommendations and, if agreed, they would be monitored by the Adults Delivery Board.

The Board **approved** the London Borough of Havering JSNA 2025.

18 TOBACCO HARM REDUCTION STRATEGY CONSULTATION

The Board received the Tobacco Harm Reduction Strategy Consultation.

The consultation started in February 2025 and ended in March 2025. It was available online and in hard copies placed in accessible location. There was also an easy-read version of the strategy. The consultation received 125 responses with the majority having been submitted online. The majority demographic was British Women and there was an even split between current or ex-smokers and non-smokers. 79% of the respondents agreed with the 4 priorities with the supporting of quitting and stopping smoking in young people being seen as the highest priorities. Following the consultation, 1 amendment was identified which was to change the wording of ‘young people’ to ‘children and young people’. The strategy was due to be presented to Cabinet in June 2025 for adoption.

The Board **agreed** for the Strategy to proceed to Cabinet for adoption.

19 HEALTH PROTECTION FORUM ANNUAL REPORT 2024

The Board received the Health Protection Forum Annual Report for 2024.

It was noted the HPF meets on a quarterly basis and that annual reports going forward will cover calendar years. It was noted in October 2024, commissioners and BHRUT agreed a new funding model for sexual health services. It was also noted all eligible children in Havering had been offered the Tuberculosis (TB) vaccine and the HPF facilitated UKHSA training for GP staff and any other staff with relevance to TB such as those dealing with homelessness.

The top priorities identified by the HPF were Air Quality, Adverse Weather, TB and changing roles/ relationships across the system.

Members questioned the rate of chicken pox self-reporting to which officers explained they would need to reply outside of the meeting as they would need to compile data from the UKHSA. It was noted that data quality was of high importance and schools needed to report cases of chicken pox more consistently.

The Board **noted** the report.

20 JOINT LOCAL HEALTH AND WELLBEING STRATEGY UPDATE

The Board received an update on the Joint Local Health and Wellbeing Strategy (JLHWS).

Members noted the strategy had reduced from 20 priorities to 12 which had been aligned with local health needs. The Board noted the JLHWS was out of date and in need of refreshing and aims to promote good health and narrow health inequalities. It was proposed that the Board would receive 3 priorities at each meeting to review.

The Board **agreed** for the strategy to go to consultation and **delegated** for the Chair to sign off when it was ready.

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Chairman

Havering
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HEALTH & WELLBEING BOARD

Subject Heading:	**Havering Pharmaceutical Needs Assessment 2025-28**
Board Lead:	**Mark Ansell Director of Public Health, LB Havering**
Report Author and contact details:	**Anthony Wakhisi, Public Health Principal, Anthony.wakhisi@havering.gov.uk**

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

Background
Each Health and Wellbeing Board has a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population. This is called the Pharmaceutical Needs Assessment (PNA) (NHS Pharmaceutical Regulations 2013). Each HWB must publish their PNA by the 1st of October 2025.

The main user of the PNA is NHS England who commission community pharmacy services and its prime purpose is to control market entry of new pharmacies to an area over a three year period. If there are significant unplanned changes during that time then the HWB are responsible for publishing supplementary reports as required.

The HWB delegates to the Director of Public Health the responsibility of overseeing the production of the PNA on its behalf. The delivery of the PNA is then coordinated by a steering group who also quality assure the process and any decisions.

The Barking and Dagenham, Havering and Redbridge local authorities collaborated to establish a steering group and commissioned the delivery of their PNAs to North of England Commissioning Support (NECS) through a competitive tender process.

Process
The PNA was overseen by a joint steering group, comprising representatives from the London Boroughs of Barking and Dagenham, Havering, and Redbridge, NEL ICB, Local Pharmaceutical Council and Healthwatch Barking and Dagenham, Healthwatch Havering and Healthwatch Redbridge. Their collective aim was to assess current service provision, address commissioning challenges, and set future priorities for community pharmacy services in each of the three London boroughs.

Community Pharmacy North East London (CPNEL) were also consulted following the steering group meetings about the draft PNA, and feedback provided was incorporated into the document. The previous PNA was published on October 1 2022, with the next update scheduled for release by October 1 2025.

A statutory consultation is currently ongoing. It is gathering input from statutory consultees, the public, and other stakeholders. The final PNA will integrate this feedback.

PNA Report
This PNA examines the current provision of pharmacy services in Havering and evaluates potential gaps in service delivery. It covers the following areas:

- An overview of the PNA process, including the identification of localities.
- An analysis of current and future health needs.
- A description of community pharmacies in Havering.
- An evaluation of existing service provision, accessibility, and any gaps.
- Insights into potential future roles for community pharmacies.
- An assessment of community pharmacy's contributions to the Health and Wellbeing Strategy.
- Key findings from stakeholder engagement and the statutory consultation.
- A summary of findings and the PNA statement.

Pharmaceutical service providers in Havering
Havering has 44 community pharmacies, including one distance-selling pharmacy (as of April 2025). Havering has an average of 16.6 community pharmacies per 100,000 population, compared with 18.3 per 100,000 in England and 19.4 per 100,000 in London. This is based on the ONS mid-2022 ward-level population estimate of 264,703.

The Greater London Authority (GLA) population dataset estimates that the population of Havering is 272,853 (2025 estimate, based on central fertility and 10-year migration assumptions). Wherever possible, this document uses Greater London Authority (GLA) population estimates (central fertility and 10-year migration assumptions) as the base population. Where national or alternative comparisons are needed, data from the Office for National Statistics (ONS) has been used.

Conclusions:

Current provision of necessary services

- There is **no current gap** in the current provision of necessary services **during normal working hours** across Havering to meet the needs of the population.
- There is **no current gap** in the current provision of necessary services **outside normal working hours** across Havering to meet the needs of the population.
- **No gaps** have been identified in the need for pharmaceutical services in **future** circumstances across Havering

Improvements and better access

- There are **no gaps in the provision of advanced services** at present or in the future (lifetime of this PNA) that would secure improvements or better access in Havering.
- There are **no gaps in the provision of enhanced services** at present or in the future (lifetime of this PNA) that would secure improvements or better access in Havering.
- Based on current information **no current gaps have been identified in respect of securing improvements or better access to locally commissioned services**, either now or in specific future (lifetime of this PNA) circumstances across Havering to meet the needs of the population.

The full PNA draft report and ongoing online consultation can be accessed via link below:

Havering Pharmaceutical Needs Assessment Consultation 2025 - London Borough of Havering Council - Citizen Space

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RECOMMENDATIONS

The HWB members are asked to: Note and participate in the online consultation

The HWB is asked to confirm approval process for the final report as the next HWB meeting will be after statutory publication deadline (1st October 2025).

REPORT DETAIL

The full PNA draft report and ongoing online consultation can be accessed via link below:

Havering Pharmaceutical Needs Assessment Consultation 2025 - London Borough of Havering Council - Citizen Space

IMPLICATIONS AND RISKS

Financial implications and risks: None
Legal implications and risks: None
Human resource implications and risks: None
Equalities implications and risks: None

BACKGROUND PAPERS

None

necs A care system support organisation

NHS

London Borough of Havering Pharmaceutical Needs Assessment 2025

Why do we need to produce a revised Pharmaceutical Needs Assessment?

- Havering **Health and Wellbeing Board have a statutory duty** to publish a Pharmaceutical Needs Assessment (PNA) at least every three years, under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.
- The **current PNA was published in October 2022** and is now due for revision
- North of England Care System support (NECS) were commissioned to produce the 3 North East London boroughs' PNAs commencing in March 2025.
- The process to produce a **revised PNA usually takes approximately 12 months to complete, however, it** is on schedule to be ready for publication on 1st October 2025.

What has been done so far?

Steering group

- Representatives from NEL ICB, London Boroughs of Havering, Barking & Dagenham, Redbridge Healthwatch and NECS. Community Pharmacy North East London consulted separately

Public questionnaires: 28th April - 5th June 2025

- Public questionnaire: 169 responses received (102 for 2022 PNA)

Data collection

- Current national and local service delivery information from ICB, Havering Public Health colleagues
- Dispensing data from NHSBSA, EPACT,
- Health needs information and mapping - based on Havering JSNA, national published information

Draft of the PNA

- Steering group (11th June 2025); agreement regarding draft content and questions to be included in the consultation
- Statutory 60-day consultation commenced Tuesday 17th June

What are the emergent key findings of the PNA 2025

Since Havering PNA 2022

- 2 “40hour” pharmacies have closed - both in Romford

Total community pharmacy provision in Havering is currently

- 40 x “40hour” pharmacies
- 3 x “100hour” pharmacies
- 1 x Distance Selling Pharmacy
- Remains adequate provision of service for residents of Havering
- Havering has an average of 16.6 community pharmacies per 100,000 population compared with 18.3 per 100,000 in England

Evenings and weekend pharmacy provision

In addition to the 100hour contracts, further provision is delivered by extended contracts or supplementary hours by the providers holding 40hour contracts.

Weekday evenings:

- Most pharmacies remain open until 6pm
- 18 pharmacies remain open until 7pm and 4 pharmacies remain open to 9pm
- 97% residents have access to a pharmacy within 30 minutes via public transport and 100% have access within 15 minutes by private transport after 7pm.

Saturdays

- 37 pharmacies open on Saturday mornings, reducing to 27 after 2pm (five remain open after 7pm)

Sundays

- 8 pharmacies open on Sundays

In the public questionnaire, 82% of respondents said that their local pharmacy had opening hours that were convenient for them with 84% indicating that weekdays between 8am and 5pm were the most convenient to visit the pharmacy, as well as 61% respondents identifying Saturday daytime and 38% weekday evenings (5pm to 8pm).

Advanced and locally commissioned services

NHS Advanced Services

- Providers can register to deliver these services, including Pharmacy First Service, New medicine service, pharmacy contraception service, influenza vaccination service
- Good uptake of these services in Havering

Locally commissioned services

- ICB commissioned enhanced services: palliative care medicines, self care medicine scheme
- Local authority commissioned services: stop smoking supervised consumption , needle exchange, emergency hormonal contraception
- Reasonable delivery of these services in Havering, but there may be opportunity to encourage provision as well as raising awareness across the borough.

Havering PNA 2025 Statements

Necessary services (defined as the essential services in the NHS Community Pharmacy Contract)

- There are no gaps in the current provision of necessary services during normal working hours across Havering to meet the needs of the population.
- There are no gaps in the current provision of necessary services outside normal working hours across Havering to meet the needs of the population.
- No gaps have been identified in the need for pharmaceutical services in future circumstances across Havering

Improvements and better access

- There are no gaps in the provision of advanced services at present or in the future (lifetime of this PNA) that would secure improvements or better access in Havering.
- There are no gaps in the provision of enhanced services at present or in the future (lifetime of this PNA) that would secure improvements or better access in Havering.
- Based on current information no current gaps have been identified in respect of securing improvements or better access to locally commissioned services, either now or in specific future (lifetime of this PNA) circumstances across Havering to meet the needs of the population.

Havering PNA 2025 consultation plan

- HWB
  - Delegated authority to PNA steering group.
- Statutory 60day consultation
  - To gather views on accuracy and content of the report
  - To test assumptions made regarding access, gaps and service provision
  - To ensure transparency and inclusiveness
  - To be shared with stakeholders, public, neighbouring HWBs, Healthwatch etc
- Consultation timeline
  - 17th June- 17th August 2025
  - Online questionnaire, printed copies available if needed, targeted communication

The steering group will review all consultation responses, update the PNA draft document and confirm with HWB members for approval prior to publication (planned for 1st October 2025)

Consultation questions

- Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within Havering?
- Are there any gaps in service provision (when, where and which services are available) that have not been identified in the pharmaceutical needs assessment?
- Does the draft pharmaceutical needs assessment reflect the needs of Havering's population?
- Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?
- Do you agree with the conclusions of the pharmaceutical needs assessment?
- Do you have any other comments?

Havering PNA 2025

Havering HWB is asked if there are any questions regarding the PNA content or information provided today?

The HWB is asked to confirm approval process for the final report as the next HWB meeting will be after statutory publication deadline (1st October 2025)

Membership participation

- Members are encouraged to participate in the on online consultation survey which closes on 17/08/2025
- https://app.onlinesurveys.jisc.ac.uk/s/necs/havering-pharmaceutical-needs-assessment-consultation-2025-1

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HEALTH & WELLBEING BOARD

Subject Heading:
Review of Havering Healthy Weight Strategy 2024-2029: Everybody's Business Annual Report (Year 1)

Board Lead:

Mark Ansell, Director of Public Health

Report Author and contact details:

Luke Squires, Public Health Strategist,
Luke.TSquires@havering.gov.uk

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

☐	The wider determinants of health • Increase employment of people with health problems or disabilities • Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do. • Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.
☒	Lifestyles and behaviours • The prevention of obesity • Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups • Strengthen early years providers, schools and colleges as health improving settings
☐	The communities and places we live in • Realising the benefits of regeneration for the health of local residents and the health and social care services available to them • Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.
☐	Local health and social care services • Development of integrated health, housing and social care services at locality level.
☐	BHR Integrated Care Partnership Board Transformation Board • Older people and frailty and end of life • Long term conditions • Children and young people • Mental health • Planned Care Cancer Primary Care Accident and Emergency Delivery Board Transforming Care Programme Board

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SUMMARY

The purpose of the annual report is to provide an overview of the progress made in the first year of implementing the Havering Healthy Weight Strategy (approved by Cabinet in May 2024). It serves as a review document for the strategy's steering group, comprising key partners across the Council, NHS, CVS, and primary care, and is being presented to the Health and Wellbeing Board for further scrutiny and guidance.

The accompanying slide deck is intended to summarise the annual report.

RECOMMENDATIONS

Health and Wellbeing Board members are recommended to:

1. Note the key achievements, challenges, and next steps from the annual report.
2. Confirm continuing support and leadership for the strategy
3. Reinforce the shared responsibility across sectors and help embed healthy weight into broader work on health inequalities and prevention

REPORT DETAIL

Please see papers attached:

- Slide deck summarising annual report
- Annual report

IMPLICATIONS AND RISKS

Implications and risks associated with delivery will be managed through the governance arrangements described in the Healthy Weight Strategy and/or respective organisations' decision-making processes.

BACKGROUND PAPERS

None.

Havering Healthy Weight Strategy:

Year One Annual Report 2024-25

Table of Contents

1. Executive Summary

Purpose of the Report

This report provides an overview of the progress made in the first year of implementing the Havering Healthy Weight Strategy (approved by Cabinet in May 2024). It serves as a review document for the strategy's steering group, comprising key partners across the Council, NHS, and primary care, and will also be presented to the Health and Wellbeing Board for further scrutiny and guidance.

Key Achievements

- Establishment of governance structures to support the strategy's delivery
- Major developments having health impact assessments jointly reviewed by Planning and Public Health to improve health and wellbeing considerations
- Exclusion zone 400 metres surrounding schools restricting the opening of new fast-food takeaways
- A new advertising policy is being implemented in the borough, similar to TfL's, that restricts advertisements of food and drink High in Fat, Sugar and Salt (HFSS).
- Healthier food options introduced across BHRUT hospital sites for staff, visitors and inpatients
- Expansion of Tier 2 weight management services: introduced for families with children aged 0-5 & 5-12, a universal adults service, and a specialist service for adults with learning disabilities

Key Reflections and Challenges

- Absence of Tier 3 weight management service provision for North East London including Havering
- Need further resource to ensure healthy weight principles are embedded in Harold Hill High Street regeneration
- Tier 2 weight management services have experienced challenges, including low referral numbers for the learning disability service however there are promising upward trends in starting and completion rates.
- Maintaining a whole systems, place-based approach that addresses the root causes of obesity in the new landscape of weight loss drugs

Next Steps

- Develop a Harold Hill Action Plan aligning with the regeneration of Harold Hill high street and surrounding areas
- Leverage partnerships with local businesses (including convenience shops and fast-food takeaways) to promote healthier food choices in Harold Hill.
- Enhance the restrictions on fast food takeaways in Havering's Local Plan to prevent new openings in areas with an already high number of takeaways and places where children and young people frequent
- Adopt a new Active Travel Strategy and Sports and Leisure Strategy
- Increase the number of school streets, cycle routes and cycle/scooter parking
- Establish Havering Food Alliance to tackle food insecurity
- Develop a Healthy Weight Alliance, as part of the Live Well network, to embed local people into decision-making on healthy weight.

2. Introduction & Context

What is the Healthy Weight Strategy?

The Havering Healthy Weight Strategy 2024-2029: Everybody's Business adopted a whole systems approach to healthy weight that aims to create an environment where residents can achieve and maintain a healthy weight and where the healthy choice is the easy choice.

What is the whole systems approach to healthy weight?

The whole systems approach recognises no single action, or service can solve the challenge of healthy weight. Instead, it brings together everyone who can influence the environments we live, learn, work, and play in — including the Council, NHS, schools, communities, businesses, and residents (see Figure 1). It's about shifting from treating healthy weight as an individual issue to understanding and addressing the broader social, economic, and environmental factors that shape people's health (see Figure 2). Maintaining a healthy weight is complex — it's influenced by access to healthy food, green space, income, the type of job we have, education, culture, advertising, transport options, and more. It affects every service — from planning to education, from children's services to leisure, from housing to transport. It's not just about telling people to eat less and move more — it's about creating a borough where that's actually possible.

Figure 1. Partners across the system all have a role to play in shaping the environments and services that influence people's ability to eat well and be active.

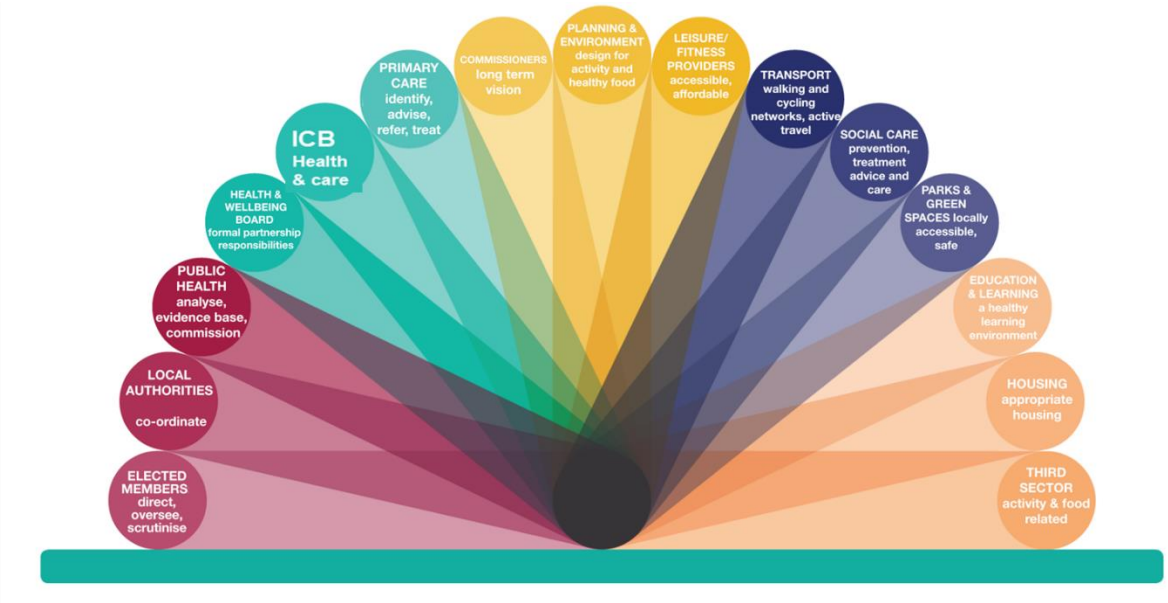
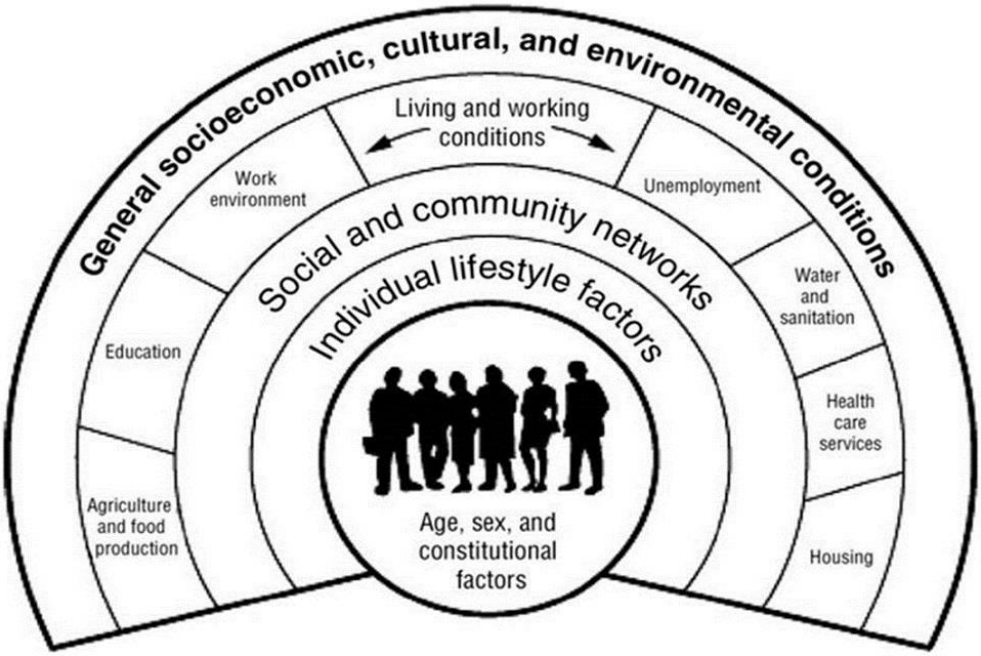


Figure 2. the Dahlgren and Whitehead model (1991) of health determinants



What is the vision of the strategy?

The vision for Havering is that within 20 years' childhood obesity will have been eradicated, that the Borough will have become a healthier place to live, work and play, and a place where communities have come together to make the healthier choice the easier choice

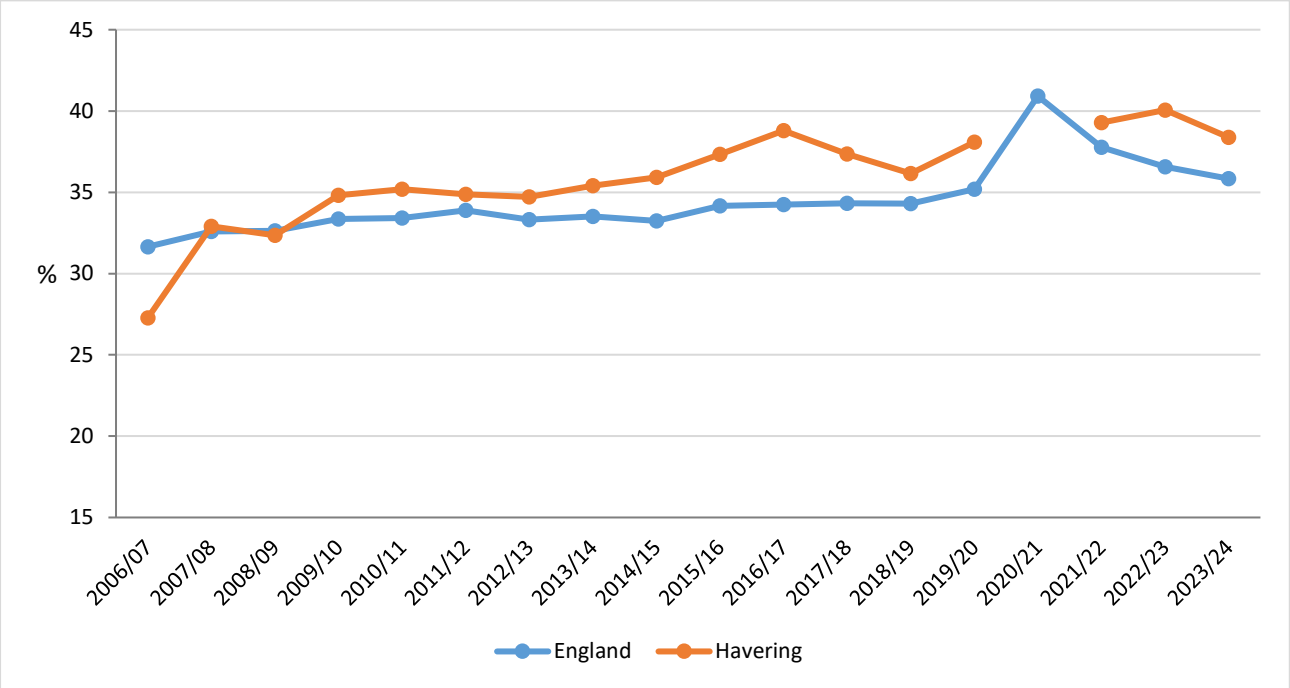
Objectives of the healthy weight strategy

1. We will embed a whole systems approach across Havering which will be the foundation for addressing healthy weight. This will enable the introduction of policies and practices that have an influence on healthy weight.
2. We will develop partnerships which lead to effective community engagement into addressing healthy weight
3. We will develop communities in Havering which promote and provide access to healthy, nutritious and sustainable food for all; enabling a healthy diet to become the easier option.
4. We will provide leadership to further shape the Borough as a place where rates of physical activity increase and residents enjoy the benefits that physical activity provides.
5. We will support healthy pregnancies and help families achieve the best start to life for their babies and young children. (pre-conception – 5 years old)
6. We will support children and young people (5 years old to 18 years old), along with their families to achieve a healthy weight
7. There will be greater opportunity for adults to achieve and maintain a healthy weight, including information / support to lose excess weight and maintain a healthy weight (18 years old +).

Why It Matters

Obesity is cutting lives short in Havering. Havering has one of the highest levels of adult overweight and obesity in London and very high levels of childhood overweight and obesity. 20% of children are overweight or obese by the time they start school (Reception year aged 4-5), increasing to 40% by their final year of primary school (Year 6 aged 10-11). By Adulthood, almost 70% are overweight or obese in Havering.

Figure 3. Year 6 prevalence of overweight and obesity (10-11 years) in Havering compared to England



N.B. The start of the 2020/21 National Childhood Measurement Programme (NCMP) data collection was delayed due to the COVID-19 pandemic response. In March 2021 local authorities were asked to collect a representative 10% sample of data because it was not feasible to expect a full NCMP collection so late into the academic year. This sample has enabled national and regional estimates of children's weight status (including obesity prevalence) for 2020 to 2021 but not by borough level.

For more data about healthy weight in Havering please see the Healthy Weight Data Dashboard that is updated annually.

Prevention is a key priority for Havering Council and the NHS, as set out in the Havering Corporate Plan, the Havering Health and Wellbeing Board's Health and Wellbeing Strategy 2019/20–2023/24 and the Havering Place Based Partnership's Interim Health and Care Strategy.

Health inequalities are the systematic, unfair, and avoidable differences in health between different groups of people. There are inequalities associated with overweight and obesity, which mean that some groups of people are affected more than others. Rates of obesity are highest in areas of greatest disadvantage. Overweight and obesity is also higher in particular population groups such as in Black ethnic groups, people with physical and learning disabilities, people with severe mental illness, and people aged between 45-74 years old.

3. Key Achievements Since Strategy Adoption

Since the adoption of Havering's Healthy Weight Strategy in May 2024, we've seen strong progress in building a whole systems approach to healthy weight. Collaboration across sectors is beginning to show real impact – from positive changes to food provision in local hospitals through our partnership with BHRUT, to planning policies that restrict new fast-food outlets and a new borough-wide advertising policy limiting exposure to High Fat, Sugar, Salt (HFSS) food and drink. We've established new structures to strengthen oversight of the systems approach, Tapestry are launching a food alliance to tackle food insecurity, and Public Health have commissioned new weight management services to support families and adults. While there is still much to do and the achievements noted in this report capture only a small amount of the great work happening, they demonstrate the power of working collectively to make Havering a healthier place for all.

Havering Obesity Data Update

- The percentage of children in reception year (aged 4-5) who are overweight or obese was 21% in 2023/24, this has remained steady since 2019/20 with no significant change and is in line with the England average.
- The percentage of children in year 6 (aged 10-11) who are overweight or obese was 38.4% in 2023/24, this has also remained steady since 2019/20 but has remained significantly above the England average.
- In adults, obesity data is less reliable as the height and weight is self-reported from only a small sample from Sport England Survey data however prevalence of overweight and obesity remained steady at 65.8% in 2022/23 in line with the England average of 64%.

Structural or Policy Changes

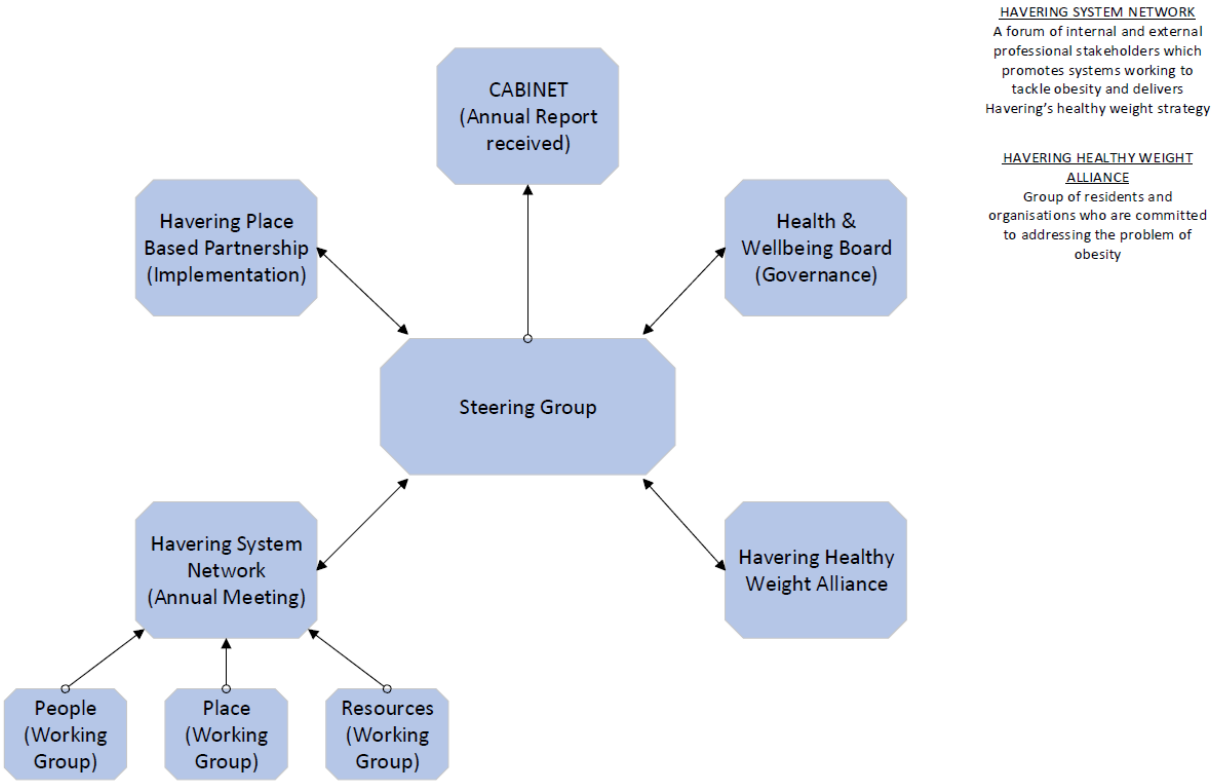
- The Healthy Weight Strategy is now a corporate priority for the London Borough of Havering Council
- The Havering Local Plan is in the early stages of being redrafted. Public Health and Planning are working closely together to enhance the restrictions on fast food takeaways in Havering to prevent new openings in areas of high concentration and/or near schools and other places where children and young people frequent.
- A new advertising policy is being implemented in the borough, similar to TfL's, that restricts advertisements of food and drink High in Fat, Sugar and Salt (HFSS).
- A new Long Term Conditions group that includes obesity which feeds into the Place Based Borough Partnership (PBBP) and considers the impact of therapeutic approaches to overweight and obesity including weight management services and weight loss drugs
- A new North-East London (NEL) Obesity working group has been set up to improve communication between all the NEL obesity Public Health leads and to share learning and exchange ideas.
- The Public Health team have a healthy weight SMART objective as part of their PDRs. Work is underway to expand this across relevant Council service areas.
- To monitor the progress of the healthy weight strategy and action plan a new governance structure has been established (see Figure 4). Within the first year of the strategy being adopted there has been a:
    - System Network meeting (July 2024)
    - Place Network meeting (October 2024)
    - People Network meeting (January 2025)
    - Resources Network meeting (April 2025)

    - Steering group (May 2025)
- There are refreshes of Council strategies that can be strengthened to tie in with the Healthy Weight Strategy including the Sport and Leisure strategy, Housing Strategy, and the Active Travel strategy
- BHRUT have overhauled their food and drink offer at all their sites
    - The “H” coding system continues to encourage patients to select nutritious choices, prominently highlighting meals, snacks and desserts.
    - Dieticians continue to review menus and ensure incorporation of low-salt options throughout the menus. This is assessed on an ongoing basis and adjustments are made as necessary.
    - The range of vegan meals has been expanded and continues to be well received by patients.
    - The introduction of fruit bags, yoghurts, sultanas and raisins to replace traditional biscuits as snack offerings has now been successfully rolled out across all sites.
    - Hydration stations, which are already in place in ward areas, have now been established in some outpatient areas for use by patients awaiting appointments.
    - There continues to be no price promotions or advertisements for sugary drinks and high-fat, high-sugar foods.
    - All sugary products remain prohibited from checkout areas.
    - This has led to a reduction in HFSS food and drink.

New Assets or Resources

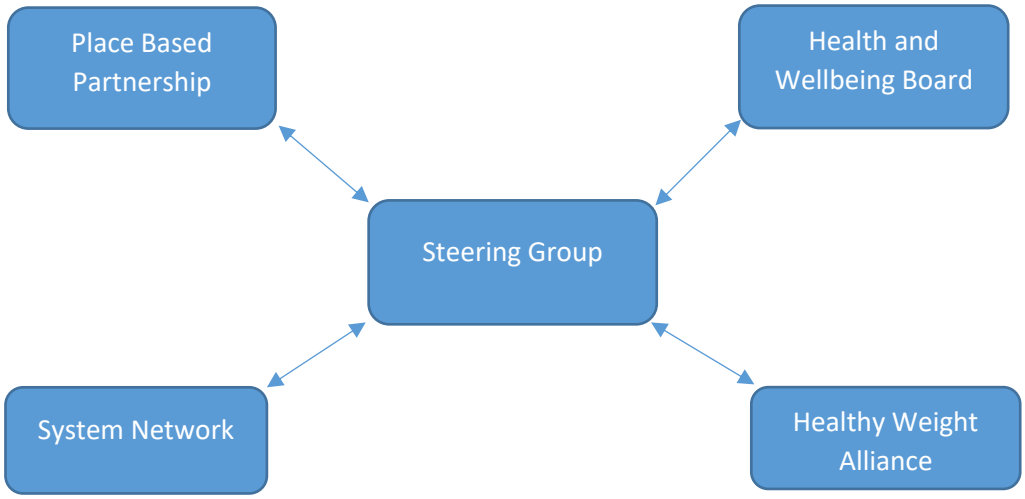
- There is now a range of Tier 2 weight management services in the borough supporting people to reach and maintain a healthy weight. Everyone Active provide services for adults and a specialist service for adults with learning disabilities.
- The JOY app and Live Well website are being established in Havering, a central directory for residents and professionals in the borough to find information on health and wellbeing services in Havering, this includes healthy weight resources and services.
- Development of the Havering Food Alliance has begun. There will be a steering committee that Public Health will sit on which will provide strategic oversight, coordinate efforts among stakeholders, and drive initiatives that reduce food insecurity in Havering. The role of the steering committee will be to:
    - Support the Food Alliance to partner with local businesses, supermarkets, restaurants, and food suppliers to capture surplus edible food and distribute it to charities, food banks, and community groups
    - Provide nutritional education & enhance food skills by delivering workshops and initiatives to teach residents about healthy eating, cooking on a budget, and reducing food waste at home.

Figure 4. Current Governance Structure



N.B. The current governance structure supporting the Healthy Weight Strategy is subject to review and will be discussed at the first meeting of the Steering Group. At the meeting, members considered the proposed changes and objections were made. The revised governance structure is proposed in Figure 5.

Figure 5. Proposed Governance Structure



4. Reflections & Challenges

The first year of implementing the Havering Healthy Weight Strategy has seen encouraging progress, with positive engagement from partners and early signs of impact across several priority areas (as demonstrated in section 3). This progress is particularly noteworthy given the wider challenges faced by the system including:

Collier Row School Superzone

As part of the Collier Row School Superzone pilot, Havering introduced initiatives to promote healthier food environments, including the Healthier Catering Commitment and Good Food Retail. These aimed to support local food businesses in offering healthier options, creating environments that make the healthier choice the easier choice. Independent food outlets were engaged, with new healthier items introduced on the menu, reduced portion sizes, offering grilled over fried options, and improving the availability of fruits and vegetables.

Unfortunately, these initiatives were funded through time-limited external grant funding, and after the initial six-month pilot period, no dedicated budget or human resource was available to continue this strand of work. However, there is **a rare opportunity to shape the regeneration of Harold Hill High Street** which is being completely redeveloped. Harold Hill is one of the most deprived and obese areas of the borough. Public Health are exploring the possibility of recruiting a strategist to develop a Harold Hill Healthy Weight Action Plan which will capitalise on the opportunity to put health and wellbeing at the heart of decision making. Learning from the Collier Row School Superzone could be applied including leveraging partnerships with local businesses (convenience shops and fast-food takeaways) to promote healthier food choices, providing a children's playground, an outdoor gym, a water fountain, improving community safety, providing active travel routes & cycle parking to make it easier to walk and cycle.

Service gaps and performance challenges

In Havering, like much of North-East London, there is an absence of Tier 3 weight management services. Tier 3 services are specialist; multidisciplinary services designed for individuals with more complex needs—often those living with severe obesity and related comorbidities such as type 2 diabetes or hypertension. These services are delivered by a team of clinicians, including specialist dietitians, psychologists, and nurses. In contrast Tier 2 services are typically community-based lifestyle programmes that provide structured support for people who are overweight or obese. These focus on behaviour change, including healthy eating, physical activity, and motivation, and are often delivered in group settings by trained facilitators. While Tier 2 services are typically commissioned by local authorities, Tier 3 services fall under the remit of Integrated Care Boards (ICBs) due to their clinical nature, NEL ICB is exploring piloting Tier 2 services across NEL in 2025. Havering's Tier 2 weight management services have experienced challenges, including low referral numbers for the learning disability service, however there are promising upward trends in starting and completion rates for both programmes.

Weight loss drugs

The wider landscape continues to evolve, with the emergence of new weight loss drugs using Tirzepatide or Semaglutide like Ozempic, Mounjaro and Wegovy are shifting how weight is managed clinically. This presents both opportunities and risks — emphasising the need to strike a balance between providing access to effective clinical treatments for those that need them and maintaining a whole system, place-based approach that addresses the root causes of obesity.

Balancing the operational vs. administrative

There have also been practical challenges in maintaining momentum across over 80 actions in the action plan across People, Place and Resources, with varying levels of consistency in quarterly updates and engagement from partners across the system. Public Health has worked to balance operational delivery of programmes such as the Collier Row Clockhouse School Superzone, Harold Hill Healthy Weight Action Plan, and Tier 2 weight management services, alongside the coordination of governance and reporting structures. As such, the current governance approach will be reviewed by the Steering Group to ensure it remains purposeful and effective.

Despite these challenges, the foundations laid in year one show clear commitment from across the system. There is much to build on, and with continued collaboration, shared leadership, and a refined governance structure, Havering is well-positioned to deepen its impact in year two and beyond

5. Next Steps & Year Two Priorities

N.B. Priorities will be agreed with the steering group to ensure they are feasible and there is capacity to achieve them in 2025-26.

The Year 2 priorities outlined below do not represent all ongoing healthy weight activity across the system. Instead, they highlight a focused set of key priorities that require particular attention, renewed momentum, or collective effort in the coming year. These were selected based on progress made in Year 1, emerging needs, and opportunities to make the greatest impact.

The priorities will aim to:

- Drive momentum on actions that stalled or progressed slowly in Year 1, and
- Tackle emerging opportunities or gaps,
- Avoid listing "business as usual" unless it's being scaled or adapted significantly.

Theme	Year 2 Priority
People	• Increase referrals into Tier 2 weight management services from groups disproportionately affected, such as people with learning disabilities and those with severe mental illness, and living in areas of disadvantage • Delivery of a holistic Tier 2 weight management service for families with young children identified as obese in the NCMP • Develop and adopt a new Sports and Leisure Strategy • Increase awards on TfL's Travel for Life Programme in Havering schools • NEL ICB funding a pilot for Tier 3 weight management services for North-East London
Place	• Develop a Harold Hill Action Plan aligning with the regeneration of Harold Hill high street and surrounding areas ○ Leverage partnerships with local businesses (including convenience shops and fast-food takeaways) to promote healthier food choices as part of Harold Hill action plan. • Work with Planning to agree policy in Local Plan for further restrictions of fast-food takeaways • Develop and adopt a new Active Travel Strategy • Increase the number of school streets in Havering • Implementation of new cycle routes • Increase the amount of cycle and scooter parking in schools

Resources	• Strengthen cross-sector collaboration to embed healthy weight in all policies – review governance structures with Healthy Weight Steering Group. • Develop a healthy weight training course on Learning Experience Platform to support decision makers and senior officers understand the whole systems approach to healthy weight. • Embed healthy weight across relevant Council service areas by agreeing healthy weight objectives with senior staff (Heads of Service, Assistant Directors) to be included in annual PDR's • Establish Havering Food Alliance to tackle food insecurity • Development of a Healthy Weight Alliance, as part of the Live Well network, to embed local people into decision-making on healthy weight.

6. Appendices

Appendix A: Detailed action tracker.

Overview of Action Areas

The Action Plan is structured around three key action areas:

1. People (Community & Individuals)
2. Place (Environment)
3. Resources (Finance, Commissioning & Assets)

The People, Place, and Resources parts of the Healthy Weight Action Plan play distinct yet interconnected roles in driving this strategy. People focuses on individual and community behaviours across the life course to help people achieve or maintain a healthy weight, while Place addresses the environmental factors that shape these behaviours. Resources consider how we further integrate healthy weight into existing budgets and work streams, maximise the impact of staffing and assets, ensure financial decisions align with long-term health and wellbeing goals Together, they create a cohesive framework to deliver the Healthy Weight Strategy effectively.

Healthy Weight Action Plan - Progress Against Actions (Year 1: May 2025-26)

Place

Action	**Progress**	**Lead service area**	**RAG status**
Collier Row Superzone Introduce Healthier Business Scheme (Healthier Catering Commitment - HCC, Breastfeeding welcome and water refill scheme)	There has been a baseline and follow-up study of food choices being brought into school. The practitioner completed qualitative research methods used to gather up-to-date information about the food offered around the Clockhouse Primary School from children, parents/carers, and school staff. This considered pupil voice, parent voice and staff voice through interviews, focus groups and surveys via Citizen Space. Observations of the schools whole food provision .e.g lunch, breakfast clubs, wrap	LBH Public Health - **Emily Grundy/Nicola Wilson**	

	around care food was also included to provide a well rounded picture. Promotion of Healthier Catering Commitment and Good Food Retail to shops in Collier Row: practical workshops were delivered with KS2 and teacher interviews were conducted to understand how primary school students interact with their local food environment in Collier Row using mapping exercises. The practitioner has identified all applicable businesses through the mapping exercises and eligibility to apply for HCC and initiated the first outreach by email. The practitioner will share learning of HCC (Healthier Catering Commitment) and GFR (Good Food Retail) in Collier Row shops to encourage more businesses across the borough to sign up to the scheme via case studies to showcase for other businesses. There has been a recruitment of 10 year 5 students to act as 'Community Food Champions' to have an active part in the food community to work alongside the practitioner to co-produce activities designed by and for children and their families to encourage healthier food choices in Collier Row.		
Continue to implement High Fat Sugar Salt (HFSS) advertising policy	No progress to report in Q2: An update on rolling out and enforcing the policy would be more appropriate after December when our new contract with JCD comes into force that stipulates our requirements around the policy.	LBH Comms - **Darren Bindloss**	
Maintain the food pantries (Rainham and Harold Hill) and consider how to strategically revamp the approach		LBH Customer Services - **Patrick Odling Smee**	
Policy on food standards in Council owned establishments or contracts	The contract states that at least 50% of the food and beverage offers at the leisure centres is deemed to be 'healthy'. This is monitored via inspection visits.	LBH Leisure & Culture - **Guy Selfe**	

NELFT -public sector premises adopt policy regarding healthy choice the easy one		NELFT - **Irvine Muronzi**	
BHRUT - public sector premises adopt NHS Food Standards regarding healthy choice the easy one	Food: • The “H” coding system continues to encourage patients to select nutritious choices, prominently highlighting meals, snacks and desserts. • Dieticians continue to review menus and ensure incorporation of low-salt options throughout the menus. This is assessed on an ongoing basis and adjustments are made as necessary. • The range of vegan meals has been expanded and continues to be well received by patients. • Sandwich alternatives continue to be updated to promote healthier alternatives. • Our daily snacks feature fruit rounds, and we have observed a significant increase in the popularity of our healthy, balanced yogurts. • The introduction of fruit bags, sultanas and raisins to replace traditional biscuits as snack offerings has now been successfully rolled out across all sites. • Hydration stations, which are already in place in ward areas, have now been established in some outpatient areas for use by patients awaiting appointments. Retail: • There continues to be no price promotions or advertisements for sugary drinks and high-fat, high-sugar foods. • All sugary products remain prohibited from checkout areas. • Healthy options remain consistently available, including for night shift staff.	BHRUT - **Sophia Murphy/Rosie Madeloso**	

	Progress has also been made on some of our statistics in Q3 compared to Quarter 2. • Sales data shows an improvement in the quantity of sugar-sweetened beverages sold from 10% or less of all drinks sold in Q2 to 5% or less of all drinks sold in Q3. • There has been an improvement in confectionary items stocked which do not exceed 250 kcal from 80% in Q2 to 85% in Q3. • There has also been an improvement in the quantity of pre-packed sandwiches and savoury meals (wraps, salads, pasta salads) containing 400 kcal or less per serving which do not exceed 5.0g of saturated fat per 100g from 75% in Q2 to 80% in Q3.		
Review planning policies to encourage healthy affordable outlets e.g. discounts on business rates for healthy food businesses		LBH Planning – **Jill Warren & Lauren Miller**	
Review planning policies to restrict the number of fast-food outlets in the Borough	Public Health and Planning are working together to review the Local Plan including enhancing the restrictions on hot food takeaways.	LBH Planning – **Jill Warren & Lauren Miller**	
To develop Harold Hill High Street to make the healthy option the easiest	The project team continues to explore different options for leisure and food outlets for the regenerated site, including healthy food options. The planning application was submitted in April 2025. Public Health will review the Health Impact Assessment (HIA). Public Health are also seeking a fixed term contract for a Public Health Strategist post to ensure healthy weight principles are embedded in Harold Hill.	LBH Regeneration - **Michael Rourke/Akhil Bakhda**	
Work to make drinking water widely and conspicuously available in public places and buildings	Public Health and Planning are working together to review the Local Plan including exploring feasibility of having more water fountains around the borough, cost of installation and maintenance would need to be considered.	LBH Planning – **Jill Warren & Lauren Miller**	

Introduce a healthy food business award including sustainability element	In the takeaway of the year award there is award criteria for having healthy options and considering healthy of customers. Work to introduce a dedicated healthy food business award ongoing	LBH Public Health - **Parth Pillai** LBH Inclusive Growth	
Increase the number of school streets starting from 10	Three new school streets have been implemented since last report in October 2023. Seven of the previous ones were implemented permanently. That makes a total of 13 school streets. Currently carrying out consultation to implement more school streets. Outcome TBC	LBH Environment - **James O'Regan/Mark Hodgson**	
Pilot a school Superzone in Rainham introducing local areas walking maps and educating pupils about the benefits of active travel	Walking maps were launched at the end of the Summer 2024/25 term, with positive feedback from schools. Enforcement activity to monitor and address idling and other unsafe parking practices in the vicinity of the schools occurring during autumn term, alongside school-based workshops on active travel and air quality. Enforcement officers have been delivering a rotating patrol of the schools sites before and after school since September, with this work set to conclude at the end of December - this has included speaking to those seen idling or otherwise in contravention of parking restrictions in the vicinity, asking them to switch off engines or otherwise remedy, and providing an anti-idling leaflet. Commissioned provider has delivered workshops in two of the four schools, with remaining two to be delivered in Spring term.	LBH Public Health - **Emily Grundy**	

Implementation of new cycle routes to improve connectivity between minor and district centres	A review of the Council's Quietway route proposals is currently taking place to see if these routes that were identified a few years ago are still technically feasible to deliver. These routes would connect the Metropolitan centre of Romford with other Major and Minor Districts centres across the borough. Funding has been earmarked as part of the Local Implementation Plan Three Year Delivery Plan to implement routes that are considered feasible.	LBH Transport Planning - **Daniel Douglas/Mark Hodgson**	
Development and adoption of an active travel strategy	The draft ATS went out to public consultation on Citizen Space and was open for 6 weeks, closing on the 6th of Dec 2024. The responses are now being processed and analysed with a view to update ATS as required in January. A cabinet report on the consultation will also be drafted in January 2025.	LBH Transport Planning - **Daniel Douglas/Mark Hodgson**	
Review phase 2 of the new WQS estate to consider space for Physical activity with planning and housing	A strategy for Waterloo Estate has been provisionally agreed by the joint venture, design and planning work is taking place to bring forward the first phase for construction, timelines are still to be confirmed. Play space will be delivered in accordance with the planning application, including investment into nearby Cottons Park. The focus of the regeneration project is currently on Phase 1 of the scheme, which is undergoing further design work ready to submit a planning application in September 2025. The existing community garden is in use with events being scheduled for the summer to engage local residents.	LBH Regeneration - **Kirsty Moller/Michael Rourke**	
Housing Strategy to be shaped alongside the healthy weight agenda	Public Health have devised a section for the housing strategy currently being developed.	LBH Housing - **James Hunt**	
Council estates to be improved to encourage physical activity	No appetite for this from Housing - James Hunt has tried to engage. How should we proceed?	LBH Housing - **James Hunt**	

Pilot working with schools to open facilities before and after school and during school holidays		LBH Education - **Trevor Cook**	
Continue to offer schools and education facilities the opportunity to install cycle and scooter parking through the council's voluntary school travel plan programme	£55k from TfL LIP / £50k from CIL - working with 18 schools to install cycle and scooter parking. Cycle and scooter parking audit is being finalised to determine the amount of cycle and scooter parking needed across Havering schools.	LBH Education - **Trevor Cook** Transport Planning - **Daniel Douglas/Mark Hodgson**	
Develop pilot proposal for Active travel for GLA Healthy Streets approach for Beam Park	Initial focus is on securing Freeport Active Travel Funding to deliver a cycle corridor scheme along Marsh Way which would provide a connection to the proposed Beam Park Station, through CEME and into the London Riverside BID area. Scheme is currently undergoing Detailed Design with public consultation expected later this year.	LBH Transport Planning -**Daniel Douglas/Mark Hodgson**	
Through the Councils annual cycle parking programme, ensure that there is adequate cycle parking provision at public sector premises across the Borough	A cycle parking capacity audit has recently been carried out assessing the level of cycle parking available at premises (both public sector premises and other locations). This adult is currently being revised and will inform future Cycle Parking programme submissions to TfL.	LBH Transport Planning -**Daniel Douglas/Mark Hodgson**	
Public Health to jointly review Health Impact Assessments of major developments with Planning	Public Health have supported with a review of the Romford Masterplan, with a final version reflecting any changes to the plan resulting from public consultation required in the new year. Major HIAs are reviewed jointly between public health and planning. the aspiration is that any development of any size would need a HIA but capacity issues exist within PH to review all of these.	LBH Planning – **Jill Warren & Lauren Miller** Public Health - **Kate Ezeoke Griffiths, Emily**	

		Grundy, Luke Squires	
Embedding the Transport for London Healthy Streets Indicators (LHS) into the delivery of Local Implementation Plan and Liveable Neighbourhoods Schemes	Havering's Three-Year Delivery Plan (2025/26 - 27/28) was submitted to Transport for London in February. Havering has just received its formal funding allocation from TfL for 2025/26.	LBH Transport Planning -**Daniel Douglas/Mark Hodgson**	
Continue to offer free cycle training - 'Bikeability' to all schools in the Borough	We are continuing our bikeability programme and have secured additional funding through S106 to expand the programme, as well as DEFRA funding for teach the teacher training and Shared Prosperity Funding to offer additional training. We have schools booked in every week up to the end of March and have maxed out Cycle Confident's local resource capacity. We are exploring with them drawing in resources from out of borough to offer be able to offer even more training.	LBH Transport Planning -**Daniel Douglas/Mark Hodgson**	
Develop staff travel plan to promote active travel to and between places of work	Travel survey to be prepared to gather baseline data for staff travel to/from work and aspirations. This action will be looked at in greater focus once recruitment has taken place to appoint Dep Team Leader into the team.	LBH Transport Planning -**Daniel Douglas/Mark Hodgson**	
Re-brand the current cycling liaison group into an 'Active and Sustainable Travel Forum'	The Active Travel Forum has been sent up, and we have now held two meetings. They are held every 3 months with the next being in January 2025. We have had some good attendance, particularly from Havering Cyclists but we are also keen to extend the invite further and reach a wider group. Active Travel Forum has been established and meets on a Quarterly Basis. Last meeting was held in February.	LBH Transport Planning -**Daniel Douglas/Mark Hodgson**	

Review Romford Masterplan and HIA and develop North Street - Romford Ring Road	Traffic modelling with TfL has been ongoing, which informs the necessary adjustments to traffic management.	LBH Regeneration - **Kirsty Moller/Claire Brenna (PM)** LBH Planning - **Lauren Miller** LBH Public Health - **Emily Grundy**	
Development and implementation of a Sport and Leisure strategy	A draft of the strategy has been circulated to Guy Selfe and preparing for an external consultation and adoption for April 25. This is awaiting approval along with the Arts Strategy.	LBH Health & Sports Development - **Darrell Braiden**	
Maintain green flag status in boroughs parks	All 16 awarded in 24/25	LBH Parks - **James Rose/Taylor Smyth-Richards**	
Identify and apply for external funding opportunities to support improved facilities in parks (e.g. Outdoor Classroom)	Grant received for Outdoor Classroom at Harrow Lodge Park with works due in early 25	LBH Parks - **James Rose/Taylor Smyth-Richards**	

Community Safety: Review HSCP Harold Hill Scrutiny Report for implications to the Healthy Weight Agenda		LBH Community Safety - **Chris Stannett/Diane Egan**	
Work to open more facilities and enable sport in the borough (Leisure centres, sports pitches, tennis courts, changing facilities etc.)	Leisure centre attendances are increasing, mainly due to the new Rainham Leisure Centre opening in July 2023. Tennis court renovations completed at Haynes, Harold Wood, Raphael, Lodge Farm and Rise Parks. New Clubs park booking system to come online in October	LBH Leisure & Culture - **Guy Selfe** LBH Parks LBH Parks - **James Rose/Taylor Smyth-Richards**	
Monitor parks usage to attract investment from cafes and build a case to increase toilet facilities in parks	No capacity or resources to monitor usage currently, subject to lease renewals	LBH Parks - **James Rose/Taylor Smyth-Richards**	
Complete Bretons Masterplan for Bretons Outdoor Recreation Centre (adding 4G pitches and changing facilities) N.B Tigers FC and Essex Minors of Hornchurch (EMH FC) play at Bretons	An options appraisal for a Sustainable Regeneration Plan for Bretons is being commissioned with funding support from Historic England. This is currently out for quotes.	LBH Leisure & Culture - **Guy Selfe**	

Maintain and grow allotment provision in the borough	Continuing to liaise with societies who manage allotments, meeting with them all twice a year No plans to provide additional space/sites	LBH Parks - **James Rose/Taylor Smyth-Richards**	
Develop community gardens on local estates - (starting with Waterloo Estate - Romford)	The Waterloo Community Garden remains operational and popular with local residents. Events are being planned for Christmas and spring 2025.	LBH Regeneration - **Kirsty Moller/Michael Rourke**	
Encourage C2C to stop advertising unhealthy foods on their trains and platforms (outside the geographical remit of the Havering and TfL junk food advertising policies).	Letter to C2C and Directors of Public Health drafted with no response received	LBH Public Health	

People

Action	**Progress**	**Lead service area**	**RAG status**

In line with new NICE guidance due 2024, undertake an initial review and development of antenatal healthy weight offer	Meeting to be arranged with Shaan Little (PH Consultant Midwife) in the New Year when she is in post and Natasha Sutton (BHR Maternity and Early Years Manager)	BHRUT - **Shaan Little** NEL ICB - Natasha Sutton Public Health - Sedina Lewis	
Work with partners to increase sign up to Breast Feeding (BF) welcome scheme. Including key venues such as Council owned premises and popular private sector outlets	Total new venues signed up in Q3 = 0 Total venues signed up to date in 2024/25 = 7 Total venues signed up since scheme started (and still active to the best of our knowledge) = 46 Sophie has recently taken on responsibility of the delivery of the BFW scheme and is commencing by contacting venues already registered with the scheme before moving on to promote the scheme to new venues.	LBH Public Health - **Sophie Stylianou**	
Establish clear, consistent information about healthy weight in pregnancy across mutually agreed platforms (e.g. JOY app, Baby Buddy app)	Healthy weight pages are being developed as part of the Live Well Havering website due to launch in June. I would suggest a meeting of these stakeholders to review the current draft of this page. All healthy weight services are currently listed on Joy. We are also seeking to set up a pregnancy page for the Live Well Havering website with Natasha Sutton so we can look at how these work together to create simple pathways for families. Live Well Havering website is due to launch in July 2025. By this time, healthy weight info for pregnancy will be available online.	LBH Live Well Havering - **Sophie N'Tinu** NEL ICB - Natasha Sutton NELFT - Jerry Mercantel Public Health - Sedina Lewis	

Delivery of starting solid food workshops	Total number of workshops delivered in Q3=3 (33 people attended) The online workshops continue to be delivered by the children's centres early years practitioners with plans for them to re-start being co-delivered with health	LBH Early Help - **Helen Anfield**	
Recommence co-delivery of Starting Solid Foods workshop and review/update content (to include comparison with HENRY Starting Solids session)	Meeting scheduled to go ahead in January 2025 to look at the content for the HENRY starting solid food workshop to review and update current content along with Health in preparation for resuming co-delivery of the sessions. This will also go alongside launching a HENRY Fussy Eaters workshop now we have additional staff trained as HENRY facilitators.	LBH Early Help - **Helen Anfield** NELFT - **Colette Avery** LBH Public Health - Sedina Lewis	
Deliver a family healthy lifestyle programme (HENRY) for families with children aged 0-5 years	HENRY pilot currently underway	NELFT - **Kelly Miles** LBH Early Help - **Helen Anfield** BHRUT - Shaan Little LBH Public Health - Sedina Lewis LBH Public Health LBH Early Help NELFT	
Develop and pilot a weight management referral pathway linking with the National Childhood Measurement Programme (NCMP) in Harold Hill, Romford and Rainham (Trial a new NCMP feedback approach)	Weight management referral pathway drafted. Meeting with NELFT in January to finalise. NELFT has developed online workshops for parents to attend prior to NCMP measurements taking place to increase awareness and understanding.	LBH Public Health - **Esosa Edosomwan**	

	School level results letters were sent to schools in December 2023 including information about locally available support.		
Pilot a targeted HENRY 0-5 programme for Early Pregnancy Pathway families	Meeting to be arranged with Shaan Little (PH Consultant Midwife) in the New Year when she is in post. Colette, Kelly and Helen to consider capacity to take this action forwards, working with Shaan to identify families.	BHRUT - **Shaan Little** NELFT - **Kelly Miles** LBH Early Help - **Helen Anfield** LBH Public Health - **Sedina Lewis**	
To offer and expand the buggy walk programme	Buggy walks occur in the Borough but are not managed through our walking for health program. It is extremely hard to find volunteers to run buggy walks for a longer period than 18months due to the nature of the role. Discussions ongoing.	LBH Health & Sports Development - **Darrell Braiden**	
To identify Children and Young People at high risk of overweight and obesity using risk stratification		TBD	
All eligible services (Children's Centres, Health Visiting, Maternity and Neonatal) to achieve and/or maintain Baby Friendly Initiative Stage 1 as a minimum	Georgina (Children's Centre Infant feeding Coordinator) began in post 7th Oct NELFT HV achieved BFI Stage 2 on 12/12/2024. BHRUT Maternity have achieved stage 2 accreditation (Teresa Faulkner 13/01/2025)	LBH Early Help - **Georgina Plock** BHRUT - **Teresa Faulkner** Health Visiting -	

		Colette Avery/ Ana Perez	
Improve system-wide collation and reporting of infant feeding data	Discussed action during Havering Infant Feeding Steering Group meeting on the 4th of March 2025. It was agreed that this will be a priority going forward, the Infant Feeding Coordinator will create a calendar for collating data and reviewing the data as a Group on a quarterly basis.	LBH Public Health - **Sedina Lewis**	
Increase provision of breastfeeding support sessions (including Early Help/HV and LatchOn sessions) to at least 5 per week (min. 1 on each day Mon-Fri)	Current provision of breast feeding support groups is 4x weekly, LatchOn- Mon/Fri, Health-Tues and Children's Centres-Wed. Exploring options for an additional group (ideally on a Thursday in a currently underserved area e.g. Harold Hill)	LBH Early Help - **Helen Anfield/ Georgina Plock** LBH Public Health - Sedina Lewis	
Review breastfeeding peer support offer with a view to developing a funding bid to enhance this service and better support volunteers	Georgina (Children's Centre Infant feeding Coordinator) began in post 7th Oct - part of role will involve developing peer support offer	LBH Early Help - **Georgina Plock** LBH Public Health - Sedina Lewis	
Support parent groups to promote breastfeeding	Infant Feeding Cafes are delivered by Children Centres	LBH Early Help - **Helen Anfield/Georgina Plock** LBH Public Health - Sedina Lewis	

Continue to increase the uptake of Healthy Start vouchers within the Borough	As of February 2025, the NHS uptake data shows that there are 1,417 people on the digital Healthy Start scheme in Havering. However, issues with the accuracy of this data persist. Actions that have been implemented to increase uptake: Monthly Newsletter is now disseminated to professionals in Havering. Non-digital resources have been developed to share with children's centres, libraries, GP's, community hubs etc. Online training for Havering professionals to become 'Healthy Start Champions' is in the final stages of development, and will be shared with professionals (teachers, GPs, children's centres, library staff, shop staff, community hub staff etc.) in the borough.	LBH Public Health - Caitlin Paul	
Explore options for creating and sustaining delivery of family cooking workshops (in partnership with voluntary sector). Introduce healthy eating workshops and integrate the current cookery clubs in the borough	Option for co-delivery of community cooking workshop with other Havering partners currently under exploration - CP. Luke met with Tijani who will be running the St Georges Hub Cafe, as part of the holistic offer available at the hub there will be cooking classes delivered. Luke to continue engaging with Tijani to ensure these are healthy cooking classes that align with the healthy weight strategy and the model is best practice in line with the available evidence on effectiveness of community cooking classes	LBH Public Health - **Luke Squires/Caitlin Paul**	

Publicise the new refreshed Healthy Early Years Programme and encourage settings to participate. Increase the number of early years settings registered on the new Healthy Early Years London Programme	NCB have circulated the final draft of the refreshed audit tools and awards pathway process to borough leads for consultation / feedback. With a view to launching the refreshed HEYL Programme in Sept 2025. In view of the uncertainty around the changes to the programme, early years settings have been reluctant to proceed through the existing awards pathway. Therefore, progress has been limited this quarter. There are a total of 125 settings currently registered on the HEYL Programme in Havering. 83 settings have achieved the First Steps Award. 27 settings have achieved the HEYL Bronze Award. 15 settings have achieved the HEYL Silver Award. 11 settings have achieved the HEYL Gold Award.	LBH Public Health - **Tracey Wraight**	
Review the Early Years Oral Health offer to ensure opportunities to incorporate healthy weight promotion are maximised	Early Years QA, CYP community oral health service and NELFT HENRY lead to liaise and update at end of Q4.	Early Years QA - **Celia Freeth**	

Publicise the new refreshed Healthy Schools Programme and encourage schools to participate. Increase the number of schools registered on the new Healthy Schools London Programme	Much the same as reported for the HEYL Programme- The NCB have circulated the final draft of the refreshed audit tools and awards pathway process to borough leads for consultation / feedback. With a view to launching the refreshed HSL Programme in Sept 2025. In view of the uncertainty around the changes to the programme, many schools have been reluctant to proceed through the existing awards pathway. Therefore, progress has been limited this quarter. There are a total of 70 schools currently registered on the HSL Programme in Havering. 40 schools have achieved the HSL Bronze Award. 22 schools have achieved the HSL Silver Award. 12 schools have achieved the HSL Gold Award.	LBH Public Health - **Tracey Wraight**	
Promote water only schools	The data for the number of schools registered on the Water Only Schools Programme is collected by the GLA via a survey that goes out to schools in the Autumn Term. We have received no update this quarter. In an attempt to increase the number of schools responding to the GLA survey- an article was uploaded to the HES Portal in October- along with the water Only Schools Toolkits for Primary and Secondary Schools- to encourage them to engage with the scheme and respond to the GLA Survey. To date- there have been 98 views of the article and related resources.	LBH Public Health - **Tracey Wraight**	
Increase the uptake of school meals (including free school meals)	Q3 has seen a 5% increase in school meal uptake within the primary schools from previous quarter. Currently Mayor's meals (UFSM) are tracking at 72% with the aim to achieve 80% by end of Q4 through marketing and theme days. KS1 UIFSM is at 68%	LBH Catering Services - **Dennis McKenzie/Angelo Palam**	

Pilot a Tier 2 Children and Young People (CYP) parental weight management programme	The HENRY program (5-12) pilot was extended until July 2025. An evaluation report was formulated to assess whether an extension to the program could be funded. It was decided the service should be discontinued due low uptake and an options appraisal delivered to determine better approach to Tier 2 weight management services for families.	LBH Health & Sports Development - **Darrell Braiden** Taslima Akther Luke Squires	
Maintain the sports collective programme		Havering Sports Collective - **Sharon Phillips**	
Increase the number of schools taking part in TfL's Travel for Life programme	We work with around 70 schools across the Borough. In 2022 to 2023 the number of schools accredited through the programme were 55, 35 were at gold level, 4 at Silver, 13 at Bronze and the rest engaged. Last academic year we increased this by a further 5 schools. We are just finalising the accreditation levels.	LBH Transport Planning - **Jay Amin**	
Active travel embedded in school travel plans		LBH Transport Planning - **Jay Amin**	
Junior Citizen Day (held at the end of the school year with the Council, TfL and primary schools). Include a healthy eating message in as part of their return from the school day at the end of next year		LBH Public Health & Health Champions	

Develop and implement a care pathway for healthy weight in adults, engaging with residents to design services	Data continuing to be collected by parents of children and young people with obesity on what they liked to see in services (survey developed by Steve HADJIOANNOU - BHRUT diabetes dietitian)	LBH Public Health LBH Commissioner (Partnership, Impact & Delivery) PCN's **Dr Banerjee**	
Building upon initial pilot, provide a range of Tier 2 adult weight management options	The provision of T2 WMS for adults and adults with learning disabilities continues. the adult service is oversubscribed and continues to prioritise those from IMD areas 1-3. in Y1 114 completed the course 71% achieved 3% weight loss and 43% achieved 5% weight loss	LBH Commissioner (Partnership, Impact & Delivery) Public Health - **Luke Squires**	
Work with LBH CTLD team to develop a Tier 2 Weight Management Service (WMS) for adults with a learning disability	The T2 WMS for people with learning disabilities had low referrals during Y1 but the most recent programme ran September - December 2024 was fully booked with 60% completion rates (above target). 67% of completers achieved 5% weight loss and 33% achieved 5% weight loss. Work continues to promote the service with day centres, social workers and PCNs to increase referrals. There is also work ongoing to introduce new KPIs measuring indicators beyond weight loss incl mental health and quality of life.	LBH Commissioner (Partnership, Impact & Delivery) Public Health - **Luke Squires**	

Develop a business case to commission and deliver an adult T3 weight management service	Jeremy Kidd continues to lead on the business case for T3 WMS in NEL. the first phase of implementation should begin Q2. Luke will continue to receive updates from both the NEL obesity group and the Havering LTC group.	NEL ICB - **Jeremy Kidd**	
Maintain and increase annual Health Check uptake as resources allow	From Sophie N'Tinu -With the new website, we could easily do a health checks campaign to increase uptake, e.g. with LD.	LBH Public Health - **Lindsey Sills/Tha Han**	
All Primary care Networks (PCN's) asked to support the weight management pathways within their resources and expertise and maintain a dietician's offer All PCNs to have practices achieve the Enhanced Weight Management Service Specification	BAU - Continuing to promote weight management and diabetes pathways	PCN Managers	
Introduce an approach to improve uptake of NDPP (NHS Diabetes Prevention Programme) in Havering		ICB Long Term Conditions Group - **Farah Elahi**	
Continue to promote Sports development offer	Ongoing with success. A wide range of sessions available for young people, adults and those with additional needs. Working with a range of different partners currently to expand offer including housing teams, met police and HAF. Promotion of sports offer on Havering Active website, LBH website and the Joy app. As well as social media channels.	LBH Health & Sports Development - **Darrell Braiden**	
Develop an approach for an SME workplace health scheme in Havering		TBD	

Support community events and days to promote healthy weight	My Health Matters has attended 11 community outreach events across Havering, comprising varied venues such as: community hubs, pantries, community cafes and residential care homes (part of the Havering Roadshows). At each we took a wealth of health, wellbeing and signposting information and have been supported on occasion by our trained Health Champions and Campaign Volunteers. We have had meaningful and targeted health conversations with residents, colleagues and supporting staff alike. Among the literature taken with us we had spent some time curating easy read, straight forward guide packs to hand out on how to lower sugar in your diet, how to make better drink choices and the hidden sugars and fats in drinks and foods and how to make simple changes to habits over time. We spoke with groups at the hubs, pantries and cafes about what a healthy balance diet looks like, gave out recipe cards, eat well guides, and noted that there was a particular interest surrounding eating well for diabetes management and prevention and concerns on how to reduce cholesterol. February was cardiovascular health month, so we targeted our talks and information distribution on the signs and symptoms of heart disease, nutrition awareness, the importance of exercise for maintaining heart health and reducing cholesterol and its major impact on health if not considered. We held a heart healthy walk in the park day, followed up with a drop in health chat at a community cafe with materials on the GP exercise referral programmes run by Everyone Active and tips on easy exercises to fit in daily. We regularly send out e-mails containing online resources, information, advice and signposting details from trusted sources such as Diabetes UK, The British Heart Foundation and the British Nutrition Foundation that Health Champions can download and share. In addition, one of our Campaign Volunteers and Diabetes UK advocates held a Diabetes and Nutrition management session at a community cafe and a webinar on this topic for all Health Champions and LBH staff to attend.	LBH Public Health Health Champions - **Rebecca Porter** Comms - **Yvonne Lamothe**	
Continue to promote Walking Groups	Listed on the Joy Directory. Annual brochure from April 2025 - March 2026 is being circulated from April onwards on various channels including hard copies in Libraries.	LBH Health & Sports	

		Development - **Darrell Braiden** Sophie N'Tinu	
Training for NHS staff in primary care regarding healthy weight as recommended by the All-Party Parliamentary Group on Obesity (APPG) (for all PCNs to review - linked with Enhanced weight management specification)		PCN Managers	
Introduce Low calorie diet champions (T2DR) - Type 2 Diabetes Remission		Clinical Pharmacist	
Public health support promotion of Forestry England events and walking routes to promote the forests in havering and make them more accessible and help resident's physical and mental wellbeing.	Will be promoted on the new website and currently accepting referrals via Joy. Been working with Live Well Havering to plan an in-person launch for the new Live Well Havering directory to the partners involved at Thames Chase in Upminster, this is due to take place in June 25. Flyers have been shared via Romford library which further supports the Council and its healthy weight strategy	Forestry England - **Georgina Bunner** LBH Public Health	
HSCP will refresh the Neglect Strategy and Neglect Toolkit by Dec 2024 to include advice around weight management for Children and Young People	Work in progress as the Partnership purchases and rolls out NSPCC Graded Care Profile 2	LBH Safeguarding - **Elisabeth Major**	

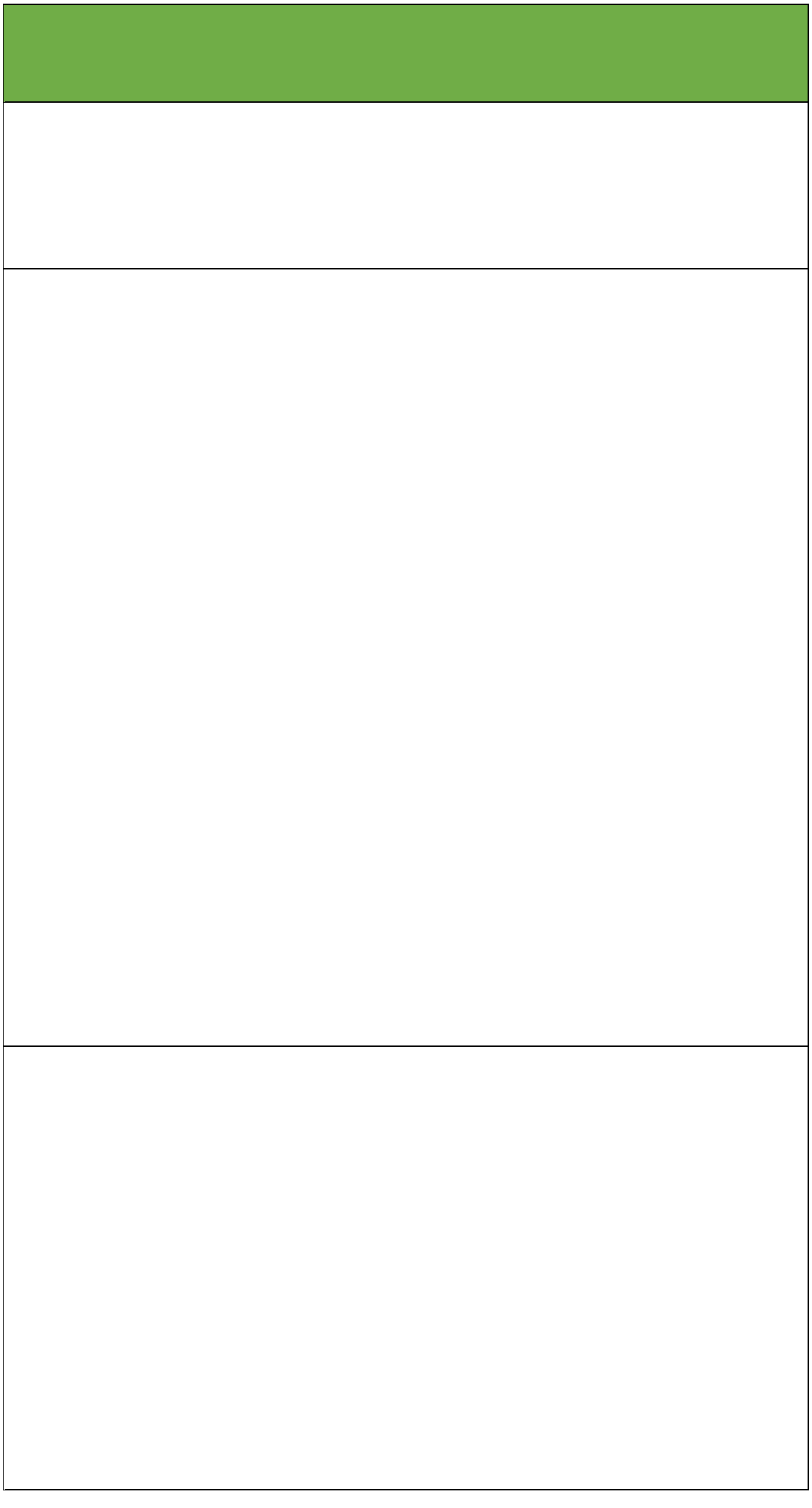
Resources

Action	Progress	Lead service area	RAG status
Embed healthy weight priority into Council staff by agreeing an all-staff healthy weight objective to be included in annual PDR's	Luke met with Alison Callan-Day and Ross Marshall in February 2025; these objectives would need to be SMART and broken-down quarter; they would need to avoid a catch all objectives. The Resources meeting on 19th March will be an opportunity for those working in the Resources directorate to draft SMART PDR objectives. Luke will collate these and draft SMART objectives for other service area PDRs and present to HR.	LBH Public Health - **Luke Squires/Victoria Stokes** LBH HR - **Alison Callan-Day /Ross Marshall**	
Training for Councillors and decision makers regarding addressing obesity	Luke met with Alison Callan-Day and Ross Marshall in February 2025; this action is now feasible as Councillors will have access to the Learning Experience Platform (LXP). This will be developed and implemented this year. Luke to consider the structure and content of the training, and audience this will include Councillors but could also extend to key Council service areas	LBH HR - **Alison Callan-Day/Ross Marshall** LBH Public Health - Luke Squires	
Embedding obesity actions in PBPB working groups	Luke attends the Adult Delivery Board intermittently and the Long-Term Conditions Group chaired by Dr. Anne Baldwin and Dr. Farah Elahi, both groups feed into the Place Based Partnership Board.	LBH Public Health - **Luke Squires**	

Form a steering group, jointly led by the Council and the NHS and introducing Governance and ToR	The steering group will be setup in May with the first meeting planned to take place a year on from the healthy weight strategy being adopted. this group will be attended by Assistant directors, heads of service from key anchor organisations and People, Place and Resources in the Council. The group will increase accountability and monitoring of healthy weight strategy actions.	LBH Public Health - **Luke Squires**	
Development of a Healthy Weight Alliance to embed local people into decision-making on healthy weight.	The first healthy weight alliance meeting will be delivered in the summer as part of the Live Well Network, with a programme of content planned for the first year of meetings. Luke has engaged with Sophie N'Tinu about delivering the first event in person at the Romford Baptist Church.	LBH Public Health - **Luke Squires/Victoria Stokes** LBH Engagement and Participation - **Sophie N'Tinu**	

Development of a Havering Food Alliance	The Havering food alliance project was launched in January 2025. It is being led by a local charity, Tapestry Care. The initial focus has been on developing the necessary infrastructure required for Havering to benefit from the large amounts of surplus food that is wasted each year. Many London boroughs already collaborate with charitable organisations to capture and redistribute surplus edible food, addressing both food waste and food insecurity. While specific mechanisms can vary by borough, several key charities operate across multiple boroughs to facilitate food redistribution: 2 of these are the Felix Project and FareShare. Havering food alliance has met with these organisations and has secured partnership agreements that will enable the Food alliance to receive significant volumes of food for onward redistribution to Havering's Food pantries and Food Banks and to other organisations tackling food poverty or using food as part of a service. Local retailers and farmers are also being approached to provide surplus food. A directory has been developed which lists all the known food organisations, what they do, what volumes and types of food they can use and what storage capacity they have. The directory will be shared, and organisations will be encouraged to share food surpluses they receive from alternative sources. A temporary food redistribution centre has been established at Tapestry's Hornchurch Hub. The site will be able to store frozen, chilled and ambient foods for onward delivery. A delivery van and driver are available for collections of donated foods from retailers' farmers and other donors and to make deliveries to the Food Pantries, Food banks and food meal services across the borough. The Alliance is searching for a larger building, preferably a shop, where larger volumes of food can be received and managed and a permanent food pantry shop be established. During March the focus turned towards developing and promoting the Food Alliance as an organisation. Recruitment has begun for members of steering committee. The steering committee will provide strategic oversight, coordinate efforts among stakeholders, and drive initiatives that reduce food insecurity in Havering. Its role will be to support the Food Alliance to: • Food Redistribution Coordination – Partner with local businesses, supermarkets,	Voluntary Sector - Tapestry - **Anthony Lowe** LBH - **Patrick Odling Smee & James Hunt**	

	restaurants, and food suppliers to capture surplus edible food and distribute it to charities, food banks, and community groups. • Partnership Building – Work closely with charities, local government including Public Health, faith groups, schools, and voluntary organisations to strengthen the local food support network. • Community Engagement & Outreach – Raise awareness about food insecurity, promote food sharing initiatives, and engage residents in volunteering opportunities. • Advocacy & Policy Influence – Collaborate with Havering Council and other stakeholders to develop policies that support food security and sustainable food systems. • Support & Capacity Building – Provide training, resources, and logistical support to food banks, community kitchens, and grassroots organisations to enhance their ability to serve those in need. • Funding & Resource Mobilisation – Secure grants, donations, and sponsorships to sustain and expand food redistribution and support services. • Data Collection & Impact Assessment – Monitor food waste reduction, the volume of redistributed food, and the number of beneficiaries to evaluate the Alliance's effectiveness and identify areas for improvement. • Emergency Food Provision – Develop rapid response mechanisms to provide food support during crises, such as economic downturns, natural disasters, or public health emergencies. • Nutritional Education & Food Skills – Run workshops and initiatives to teach residents about healthy eating, cooking on a budget, and reducing food waste at home. • Sustainability & Circular Economy Initiatives – Promote environmentally sustainable practices such as composting, urban gardening, and local food production to enhance long-term food security. A website is also being created, and a launch event in April is being planned to raise the profile of the Food Alliance. The launch event will include announcing the Food Alliance to Havering and highlighting its mission, welcoming the steering group, launching the website, celebrating new food redistribution initiatives and a general call out to the people of Havering to support the Food Alliance's mission through positive actions.		



Development of digital intelligence dashboard	Luke met with Tom to begin developing a digital intelligence dashboard for Healthy Weight, a first prototype has now been developed on PowerBI. Luke and Tom to meet early April to discuss first prototype and any amendments needed.	LBH Public Health Intelligence - **Anthony Wakhisi & Tom Goldrick**	
Healthy Weight lead to work with LBH Communities team to embed healthy weight services, resources and activities on to the JOY app. A service directory being rolled out in Havering	Healthy weight service including HENRY (CYP weight management service), adult universal service and adults with learning disability service are now all on JOY app and the Live well booklet. There also a range of other healthy weight resources on the joy app website and in the booklet. Everyone active who provide the adult and adult with learning disabilities service also promote the service at the live well network regularly. Luke and Sophie have also met to discuss promoting the healthy weight alliance through the live well network.	LBH Engagement and Participation - **Sophie N'Tinu** LBH Public Health	

Havering

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Havering Healthy Weight Strategy: Annual Report 2024-25

30th July 2025

Mark Ansell (Director of Public Health) & Luke Squires (Public Health Strategist)

Why Healthy Weight is a Priority

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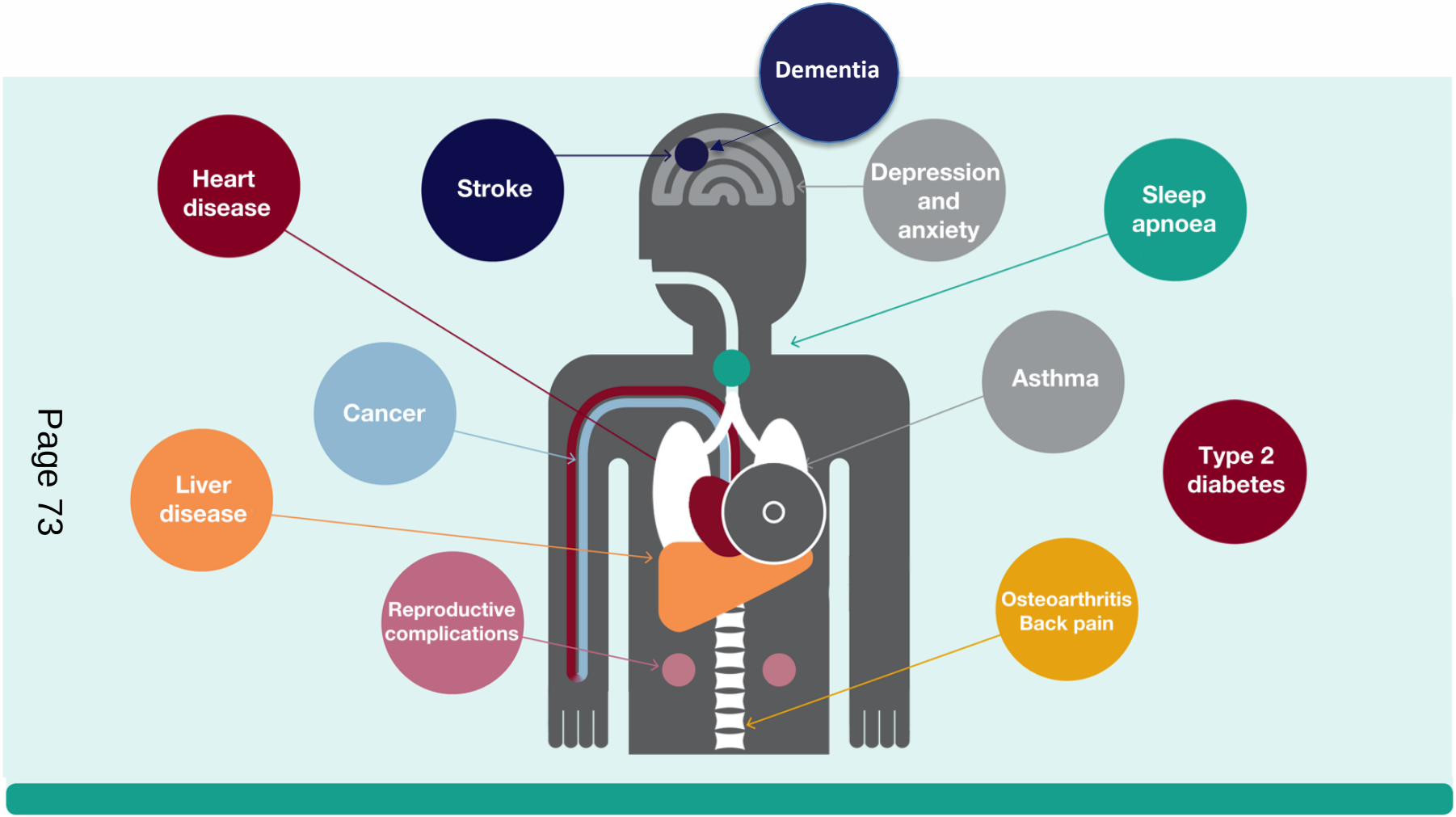


Why Healthy Weight is a Priority

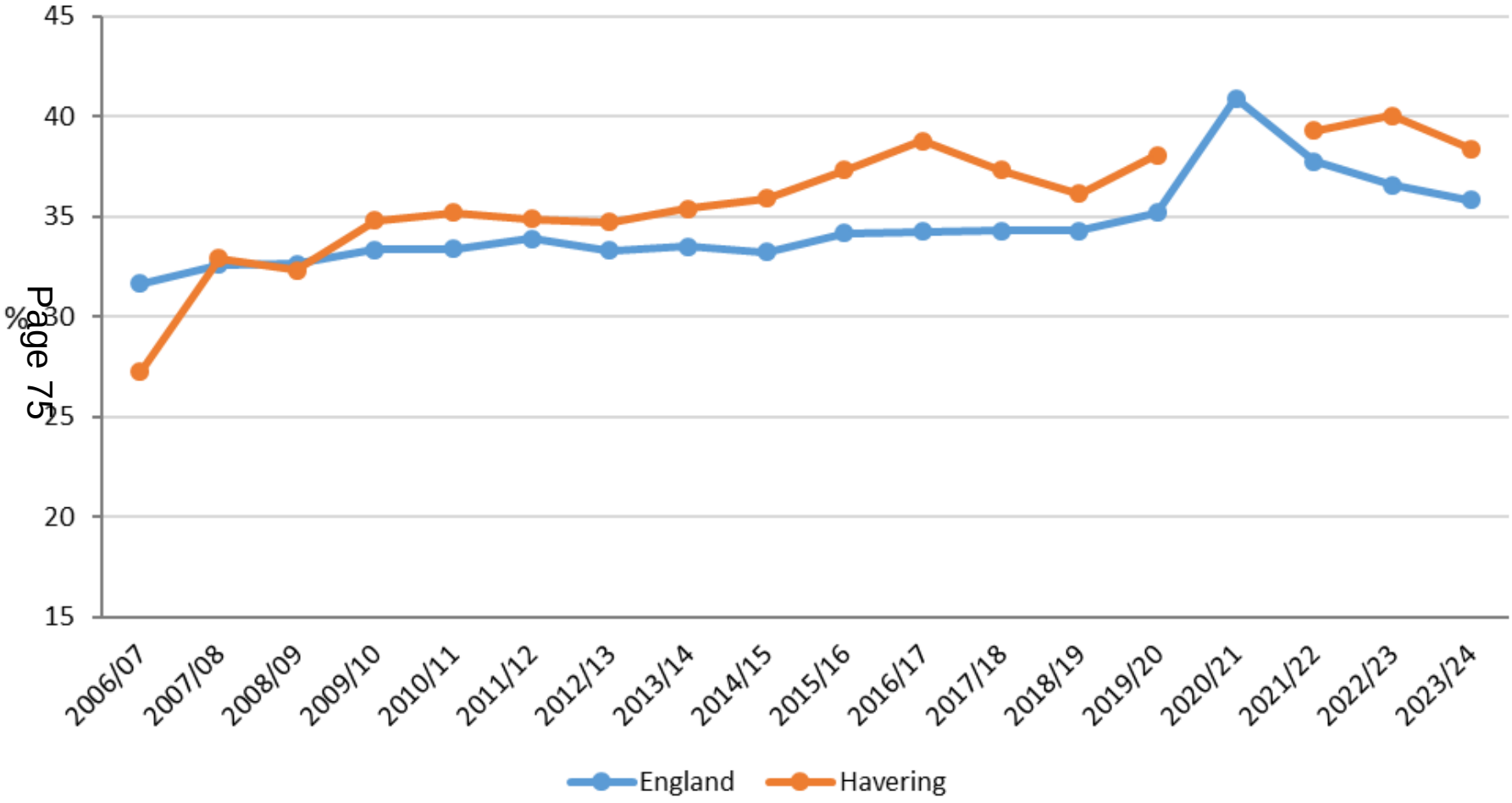
In Havering, more than **1 in 5 children aged 4-5** years are overweight or obese.
Havering is **in line** with London and England averages

This **doubles to 2 in 5** by the time children 10-11 years of age.
Havering is **above** London and England averages

By adulthood, over 3 in 5 (68%) of Havering residents are overweight or obese
Havering is **significantly above** London and England averages

Why Healthy Weight is a Priority

Year 6 prevalence of overweight and obesity (10-11 years) in Havering compared to England



Climbing a Hill

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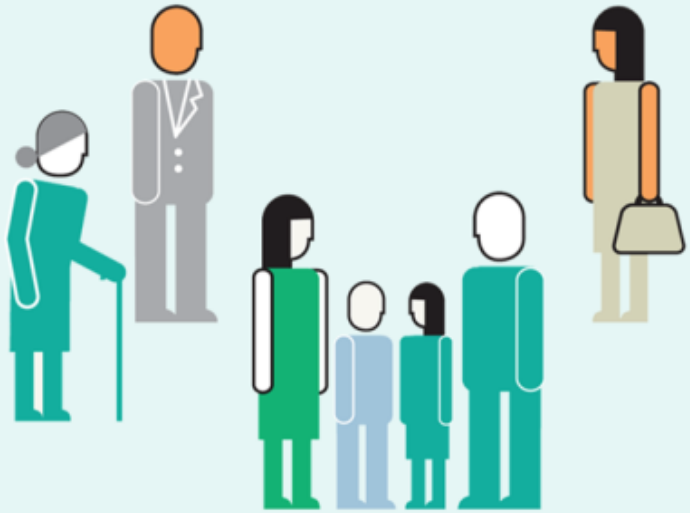
Obesity is more common among:



- People from more deprived areas
- Older age groups
- Some black and minority ethnic groups
- People with disabilities

More Than a Matter of Choice

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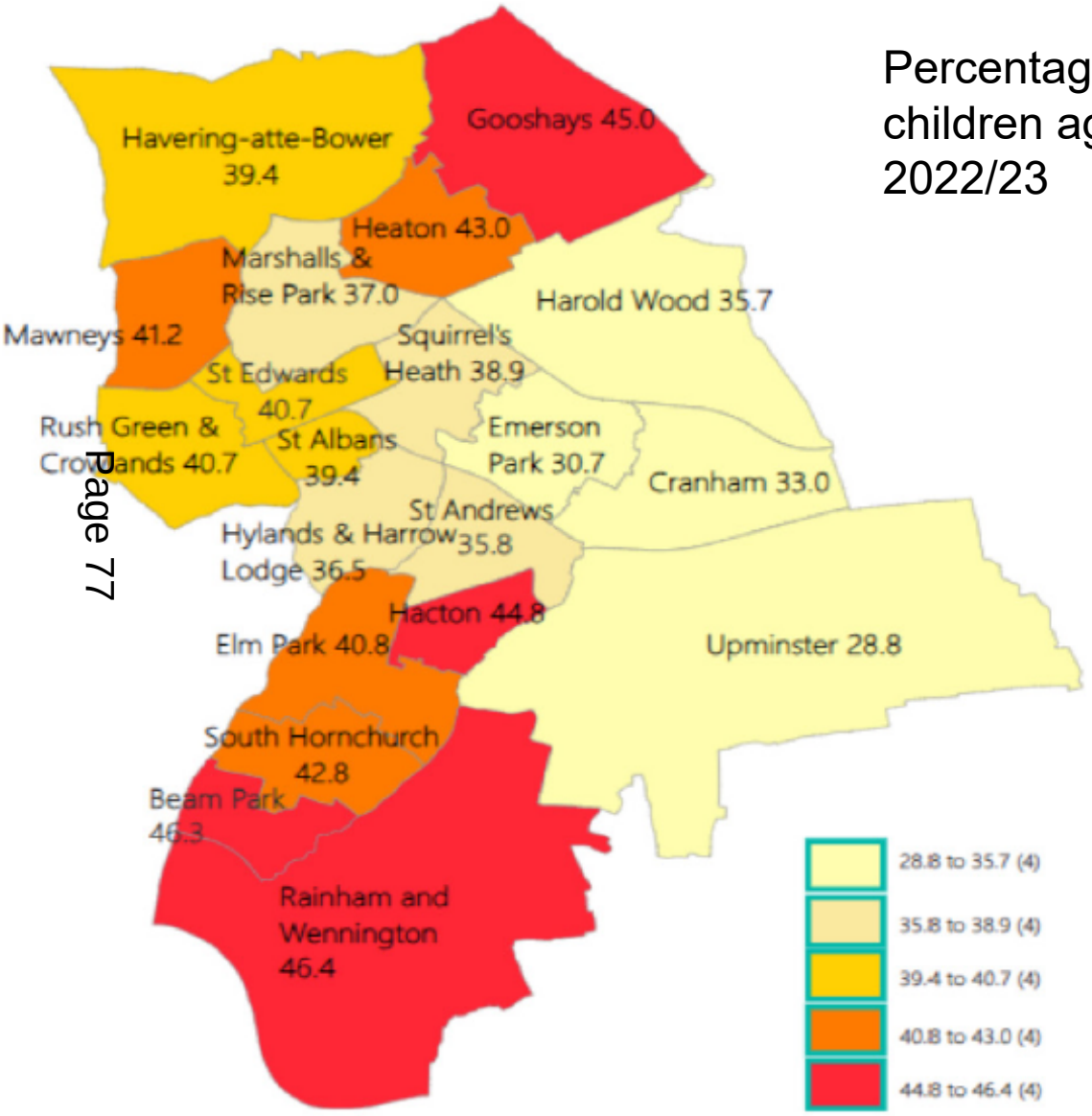

Percentage of excess weight among children aged 10-11 by ward, 2019/20-2022/23

Data Source: National Child Measurement Programme (NCMP) 20 - 23 OHID.

Our Whole Systems Approach

Havering Healthy Weight Strategy 2024-2029: Everybody's Business

A whole systems approach to reducing overweight and obesity

The vision for Havering is that within 20 years childhood obesity will have been eradicated, that the Borough will have become a healthier place to live, work and play, and a place where communities have come together to make the healthier choice the easier choice

Our Whole Systems Approach

A **whole systems approach** recognises that no single organisation or service can solve obesity on its own. Instead, it brings together all the parts of the system with everyone having a role to play — from schools to planners, health services to housing, transport to the Community, Voluntary Sector

- We **work in the same direction with shared goals**.
- Looking at the **wider environment** that shapes people's choices and opportunities, and acting at every level — from:
- **The upstream**: planning, regeneration, food environments, advertising
- **To the downstream**: clinical support, weight management, 1:1 interventions

Our Whole Systems Approach

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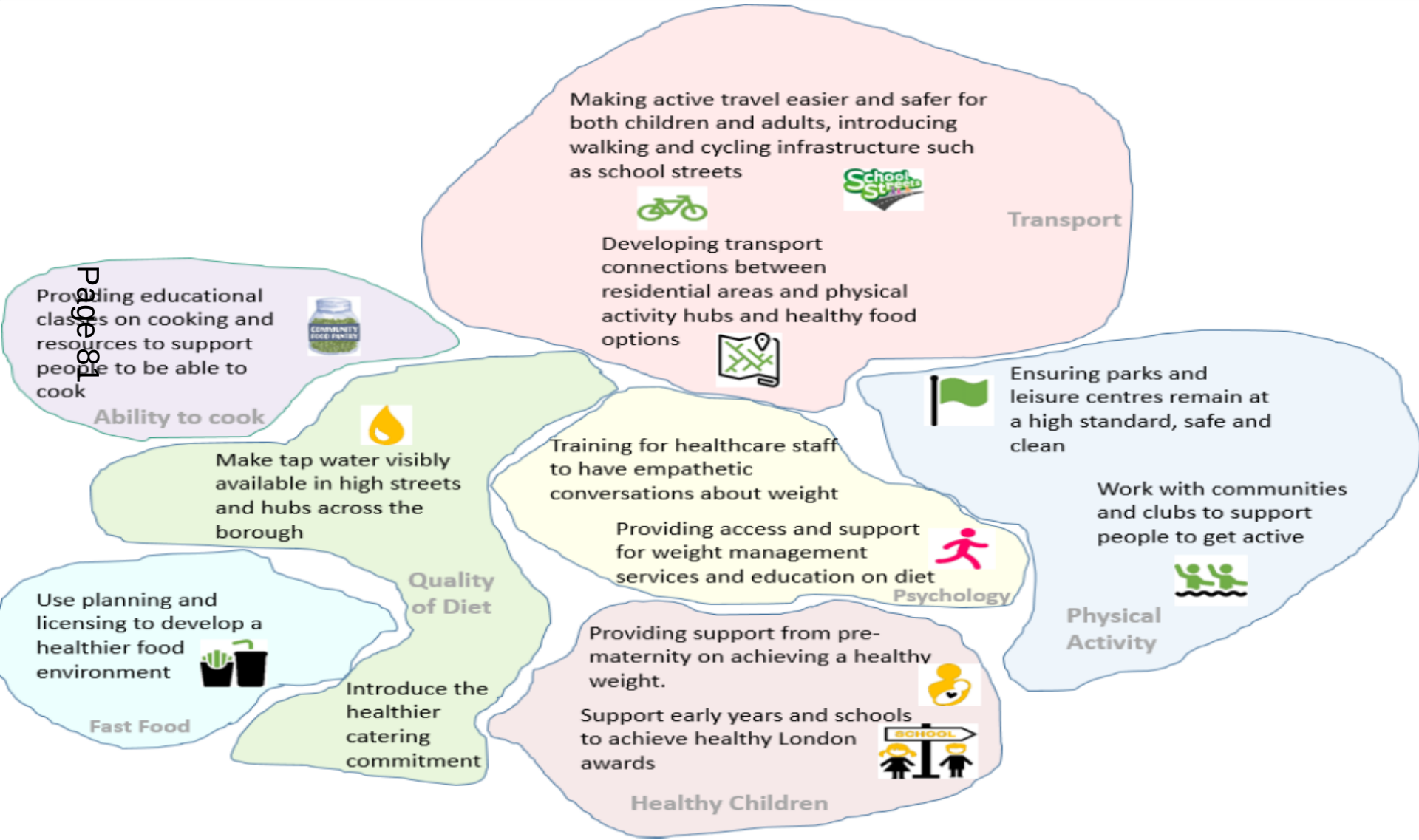
Our Whole Systems Approach

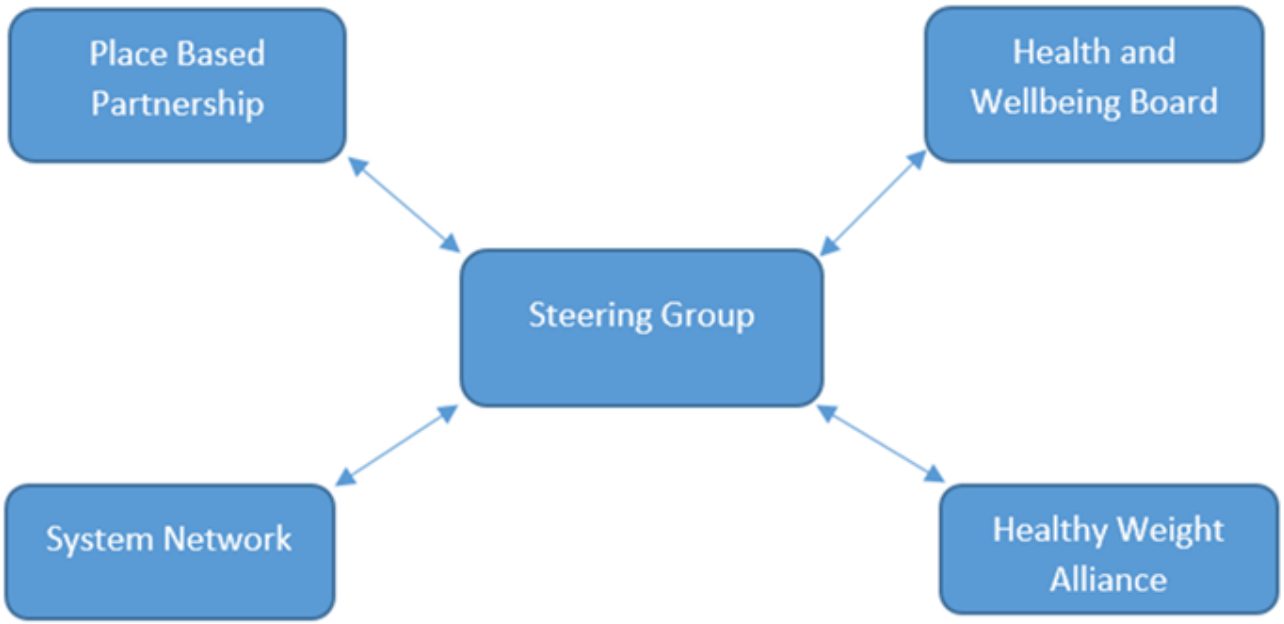
>80 actions in the Healthy Weight Action Plan tracked quarterly



Healthy Weight Strategy Governance

To maintain momentum, generate new ideas and commitments, and monitor progress we have:

- The **annual system network**
- And **quarterly steering group meetings** to align with action plan reporting



Key Achievements – 2024/25 Highlights

- ✓ Governance established — annual system network and quarterly steering group launched
- ✓ BHRUT menu improvements across all sites — High Fat Sugar Salt (HFSS) food reduction & healthier inpatient & visitor food and drink
- ✓ HFSS advertising policy introduced (TfL-style)
- ✓ 400m exclusion zones around schools for new fast-food takeaways in the Local Plan
- ✓ Service expansion — Tier 2 weight management services now cover:
  - Families with children aged 0–5
  - Adults with learning disabilities
  - Universal adult offer
- ✓ Planning and Public Health jointly review Health Impact Assessments for major developments
- ✓ Food Alliance launched to tackle food insecurity

Monitoring Progress

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Main indicators:

- National Childhood Measurement Programme (NCMP) data - % of children in Reception (aged 4-5) and Year 6 (aged 10-11) who are overweight or obese.
- Disproportionate prevalence among children in most deprived areas (NCMP data by ward).
- Tier two weight management service data - increase referrals from priority groups to Tier 2 services (e.g. Learning Disability, deprived wards).

Other indicators:

- Overweight including obesity prevalence in adults (self-reported height and weight, 18+ years)
- Percentage of physically active adults (19+ years)
- Percentage of physically active children and young people
- Percentage of adults meeting the '5-a-day' fruit and vegetable consumption recommendations
- Breastfeeding prevalence at 6 to 8 weeks

Year 2 Priorities

Priority	Lead
Develop Harold Hill local healthy weight action plan	Public Health Regeneration
Align new Local Plan with Healthy Weight Strategy including hot-food takeaway restrictions	Planning Public Health
Tier 2 Weight Management Service - Increase referrals for adults and adults with learning disabilities - Improve children and young peoples weight management service offer (for children aged 5-12)	Public Health Everyone Active HENRY
Launch Food Alliance to reduce food insecurity, improve access to healthy foods and cooking skills	Tapestry Public Health
Increase physical activity in the borough through active travel initiatives	Transport Planning Public Health
Embed healthy weight across relevant Council service areas by agreeing healthy weight objectives with senior staff to be included in annual PDR's	HR Public Health
Develop a healthy weight training course to support decision makers and senior officers understand the whole systems approach to healthy weight.	HR Public Health

Closing Reflections

The Healthy Weight Strategy sets a bold, long-term vision: to make the healthy choice the easy choice for all in Havering.

- In Year 1, we've built solid foundations: strengthened governance, launched new services, and influenced planning and policy across the borough.
- We've shown what's possible when partners across the system work together - from the NHS to Planning, Leisure to Education, and communities to local businesses.
- But this is just the beginning. Healthy weight remains one of the biggest health challenges facing Havering, with almost 40% of children overweight or obese.
- We must continue to focus on prevention especially in those at most risk - people living in deprived areas, people with learning disabilities, SMI and people from ethnic minority groups particularly Black and South Asian
- Let's maintain momentum, deepen collaboration, and keep healthy weight at the heart of how we plan, design, and deliver services.
- Together, we can make Havering a borough where everyone has the opportunity to live a healthier life.

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HEALTH & WELLBEING BOARD

Subject Heading:	Havering 2024 Suicide Prevention Annual Report
Board Lead:	Mark Ansell, Director of Public Health
Report Author and contact details:	Samantha Westrop Samantha.westrop@havering.gov.uk Isabel Grant-Funck Isabel.grant-funck@havering.gov.uk

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

☒	The wider determinants of health • Increase employment of people with health problems or disabilities • Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do. • Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.
☒	Lifestyles and behaviours • The prevention of obesity • Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups • Strengthen early years providers, schools and colleges as health improving settings
☒	The communities and places we live in • Realising the benefits of regeneration for the health of local residents and the health and social care services available to them • Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.
☒	Local health and social care services • Development of integrated health, housing and social care services at locality level.
☒	BHR Integrated Care Partnership Board Transformation Board • Older people and frailty and end of life • Long term conditions • Children and young people • Mental health • Planned Care Cancer Primary Care Accident and Emergency Delivery Board Transforming Care Programme Board

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SUMMARY

Content warning: The content of this Annual Report may be emotionally challenging as it discusses suicidality and self-harm.

Support is available:

Samaritans – a listening service which is open 24/7 for anyone who needs to talk.

Campaign Against Living Miserably (CALM) - CALM's confidential helpline and live chat are open from 5pm to midnight every day.

Shout – a free confidential 24/7 text service offering support if you're in crisis and need immediate help.

There has been a national increase in suicide rates in 2023, compared to 2022 data, to the highest rates seen since 1999. In England and Wales, there were 6,069 suicides registered in 2023 (11.4 deaths per 100,000 people); compared with 5,642 deaths in 2022 (10.7 deaths per 100,000).

On average there have been 18 registered deaths by suicide per year amongst Havering residents over the last decade. The age-standardised rate of death by suicide in Havering continues to be higher than Outer London and London, albeit this difference is no longer statistically significant. In 2024:

- 17 deaths by suspected suicide amongst Havering residents were detailed in the nRTSSS database throughout 2024.
- In 2024 a larger proportion of those who died by suspected suicide were female than expected, based on historic and national data.
- Almost half of the deaths by suspected suicide in 2024 amongst Havering residents took place in a public place.
- Some methods of death were more common than others, and this information will be used to inform local actions for suicide prevention going forward.
- The average age of those who died by suspected suicide was slightly younger than National statistics, and ages spanned a wide range throughout adulthood.
- The average index of multiple deprivation score of deaths by suspected suicide (based on home address) was 4.

To work to help reduce suicide rates, from April 2024 the new "All-Age Havering all-age suicide prevention strategy 2025-2030 - Working together to save lives" was developed, and an easy read version of the strategy was also produced. The process of strategy development and consultation facilitated the strengthening of existing cross-sector relationships as well as the formation of several additional working partnerships in areas not previously involved with Public Health-led Suicide Prevention activity.

Implementation of the 5 year strategy has successfully begun, enabled by the active and engaged membership of three key groups; The Suicide Prevention Stakeholder Group, Suicide Prevention Strategy Steering Group and the Lived Experience Advisory Group. A detailed action plan has been established and agreed upon, the monitoring of the delivery of which sits within the Strategy Steering Group that meets quarterly.

Havering
LONDON BOROUGH

The 2024 annual report details work that was undertaken alongside the new strategy development and adoption, including safeguarding referrals, a site-specific investigation and contributions from the Havering Public Health team to the NEL Cluster Response Plan.

RECOMMENDATIONS

1. Adopt and implement a local all-age suicide prevention strategy to ensure best use of local data, intelligence and partnership working
2. Continue reviewing each suspected suicide amongst Havering residents to gather relevant information to inform prevention efforts
3. Gain clarity on the outputs of reviews conducted by wider systems partners and scope possible access to reports with timeline review and incorporation of finding and recommendations into our local prevention efforts.
4. Scope the possibility of obtaining additional data sources for suspected suicides beyond nRTSSS.
5. Work with GP Practices across the borough to include their expertise in the suspected suicide review panel process.
6. Implement the agreed action plan resulting from the Havering strategy.

REPORT DETAIL

The Annual Report consists of the following sections:

1. Most Recent Official Statistics
1. Overview of Suspected Suicides Occurring in 2024
2. Development of All-Age Strategy for Suicide Prevention 2025-2030
3. Review of Deaths by Suspected Suicide
4. Safeguarding Referrals
5. Site-Specific Investigations Summary
6. NEL Cluster Response Plan
7. Recommendations

IMPLICATIONS AND RISKS

There are no financial, legal, human resources, environmental or equalities implication risks. Regarding Health and Wellbeing implications, these include:

- Improved service coordination across suicide prevention partners.
- Early intervention and prevention informed by real-time data and trends.
- Increased awareness and literacy around mental health and suicide prevention.
- Accountability and transparency through annual reporting of most up-to-date data and actions by public health team.
- Resource planning and funding justification of local prevention initiatives.

Risks include:
While the report provides important insights, there are some risks, which have been mitigated where possible:

- Data sensitivity and confidentiality: To protect individuals and families and follow the nRTSSS data sharing agreement, certain details have not been included.

- Misinterpretation of data: To avoid misunderstanding, all data is presented with clear explanation and analysis.
- Emotional impact on readers: Given the sensitive nature of this topic, a trigger warning is included, along with signposting to relevant support services.

BACKGROUND PAPERS

Annual Report
HWBB Suicide Prevei

Suicide Prevention
2024 Annual Report

Suicide Prevention

Yearly Annual Report to Health and Wellbeing Board

What has changed nationally/ locally in the past 12 months?

Content warning: The content of this document may be emotionally challenging as it discusses suicidality and self-harm.

Support is available:
Samaritans – a listening service which is open 24/7 for anyone who needs to talk.
Campaign Against Living Miserably (CALM) - CALM's confidential helpline and live chat are open from 5pm to midnight every day.
Shout – a free confidential 24/7 text service offering support if you're in crisis and need immediate help.

Nationally, there has been a significant increase in the suicide rate in England and Wales, reaching the highest levels since 1999. According to the Office for National Statistics (ONS), 6,069 suicides were registered in 2023 (11.4 deaths per 100,000 people), compared to 5,642 deaths in 2022 (10.7 deaths per 100,000). This rise was observed across both males and females, all adult age groups and particularly among males aged 45–49 and females aged 50–54. Hanging, strangulation and suffocation remained the most common methods of death by suicide, accounting for nearly 59% of all cases.

Locally, in Havering, an average of 18 suicide deaths per year has been recorded over the past decade, with the age-standardised suicide rate remaining higher than the Outer London and Greater London averages (though no longer statistically significant).

In 2024:

- 17 deaths by suspected suicide amongst Havering residents were detailed in the nRTSSS[1] database.
- A larger proportion of those who died by suspected suicide were female than expected, based on historic and national data.
- Almost half of the deaths by suspected suicide in 2024 amongst Havering residents took place in a public place.
- Some methods of death were more common than others, and this information will be used to inform local actions for suicide prevention going forward.
- The average age of those who died by suspected suicide was slightly younger than National statistics, and ages spanned a wide range throughout adulthood.
- The average index of multiple deprivation score of deaths by suspected suicide (based on home address) was 4.[2]

What has been achieved in the past 12 months?

1. Development of a New Strategy

[1] Near Real Time Suspected Suicide Surveillance System
[2] A score of 4 indicates that, on average, individuals that live in these areas are more deprived then 60% of areas in the country, but not among the very most deprived. This suggests that socioeconomic disadvantage may be a contributing factor in some of these cases. While suicide occurs across all social and economic groups, higher levels of deprivation are often linked to risk factors that may contribute to suicidal thoughts and behaviours.

From April 2024, the new Havering All-Age Suicide Prevention Strategy 2025–2030: Working Together to Save Lives was developed. This strategy builds on previous work and outlines a comprehensive, cross-sector approach to reducing suicide rates locally. An accessible, easy-read version of the strategy was also produced to ensure wider reach and inclusivity.

2. Public and Professional Consultation
To ensure the strategy reflected the needs of both the public and professionals, a six-week consultation was launched on World Suicide Prevention Day (10 September 2024). A full report of the consultation has been produced to ensure transparency and accountability.

3. Strengthening of Cross-Sector Partnerships
The strategy development and consultation process improved collaboration between existing stakeholders and successfully engaged new partners who had not previously been involved in Public Health-led suicide prevention activity. This includes expanded involvement from voluntary, community and professional groups across the system.

4. Implementation and Governance Structure
Implementation of the five-year strategy began in March 2025, and the Strategy reports to the Havering Community Mental Health Board. This work is supported by three core governance and delivery groups:

- The Suicide Prevention Stakeholder Group
- The Suicide Prevention Strategy Steering Group
- The Havering Lived Experience Advisory Group (LEAG)

A detailed action plan has been established, and progress is being monitored through the Strategy Steering Group and LEAG, which both meet quarterly.

5. Review and Learning from Suspected Suicides
Public Health has continued its use of the Real-time Suspected Suicide Surveillance System (nRTSSS) to ensure timely review and response to suspected suicides. Upon notification of a suspected death, a structured process is followed to gather information from relevant partners. This informs learning and supports local action planning.

6. Safeguarding and System-Wide Learning
Three cases reviewed through the above process were referred to Havering Safeguarding Adults colleagues. Two are being considered within a suicide-themed Safeguarding Adults Review (SAR), and a decision is pending on the third. Public Health is also contributing to a SAR concerning a non-Havering resident who died within the Borough. These referrals reflect the strengthening of partnership working, data sharing and shared responsibility for suicide prevention across sectors.

Performance against KPIs
(Provide performance against agreed KPIs with explanatory commentary)

N/A

Are there currently any limitations?
(Highlight any obstacles limiting progress particularly if partners on the HWB may be in a position to help)

Advice on working more closely with GP Practices across the borough to include their expertise and case-specific knowledge in the suspected suicide review panel process. Advice on establishing a closer relationship with the local Coroner.
What are the agreed plans for the coming year? *(Describe plans for the forthcoming year in terms of top 5 actions, giving a lead for each)*
Implement recommendations from Annual Report, with Samantha Westrop as AD lead: 1. Adopt and implement a local all-age suicide prevention strategy to ensure best use of local data, intelligence and partnership working 2. Continue reviewing each suspected suicide amongst Havering residents to gather relevant available information, including from GP, to inform prevention efforts 3. Gain clarity on the outputs of reviews conducted by wider systems partners and scope possible access to reports with timeline review and incorporation of finding and recommendations into our local prevention efforts. 4. Scope the possibility of obtaining additional data sources for suspected suicides beyond nRTSSS. 5. Implement the agreed action plan resulting from the Havering strategy.

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Havering Suicide Prevention 2024 Annual Report

May 2025

Dr Samantha Westrop, Assistant Director of Public Health,
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Isabel Grant-Funck, Public Health Strategist,
Isabel.Grant-Funck@havering.gov.uk

Content warning: The content of this needs assessment may be emotionally challenging as it discusses suicide and self-harm.

Support is available:

- Samaritans – a listening service which is open 24/7 for anyone who needs to talk. Call 116 123 or www.samaritans.org/
- Shout – a free confidential 24/7 text service offering support if you're in crisis and need immediate help. Text 85258 or Shout: the UK's free, confidential and 24/7 mental health text service for crisis support | Shout 85258

Foreword

Suicide knows no boundaries of age, sex or background, and its impact is felt acutely by families, friends, and colleagues alike. Every life lost represents not just the end of a unique individual but a ripple effect of sorrow and stigma within our communities.

Preventing suicide is everyone's business, and the progress made in the past year has been made possible through a shared commitment to saving lives and reducing the stigma surrounding mental health challenges. In this report, you will find details of the efforts we have undertaken this year, alongside our partners from across the Council, health services, education, voluntary sector, local communities and more. At the start of our new five-year all-age suicide prevention strategy, we are focused on working across the wider system to further build resilience and break down barriers to seeking help. While progress has been made, we recognize there is still much work to be done requiring ongoing collaboration, investment, and compassion.

Together, we can make a difference to save lives and prevent families and communities from experiencing suicide loss.

Thank you for your time in reading this report, and for your continued support in making Havering a place where suicide is not considered a solution to any problem; where people know where to go for help, and how to help one another.

Mark Ansell

Director of Public Health

1. Most Recent Official Statistics

All findings in this section are sourced from The Office for National Statistics (ONS) report, “Suicides in England and Wales: 2023 Registrations,” which is the most recent publicly available official statistic and presents an analysis of deaths by suicide registered in 2023.

National Data

Overview

There has been a national increase in suicide rates in 2023, compared to 2022 data, to the highest rates seen since 1999. In England and Wales, there were 6,069 suicides registered in 2023 (11.4 deaths per 100,000 people); compared with 5,642 deaths in 2022 (10.7 deaths per 100,000).

By Sex

In England and Wales, males have a significantly higher suicide rate of death by suicide than females (17.4 per 100,000 compared to 5.7 per 100,000). This means that in 2023, approximately 3 times more males lost their life to suicide than females in 2023 (Figure 1).

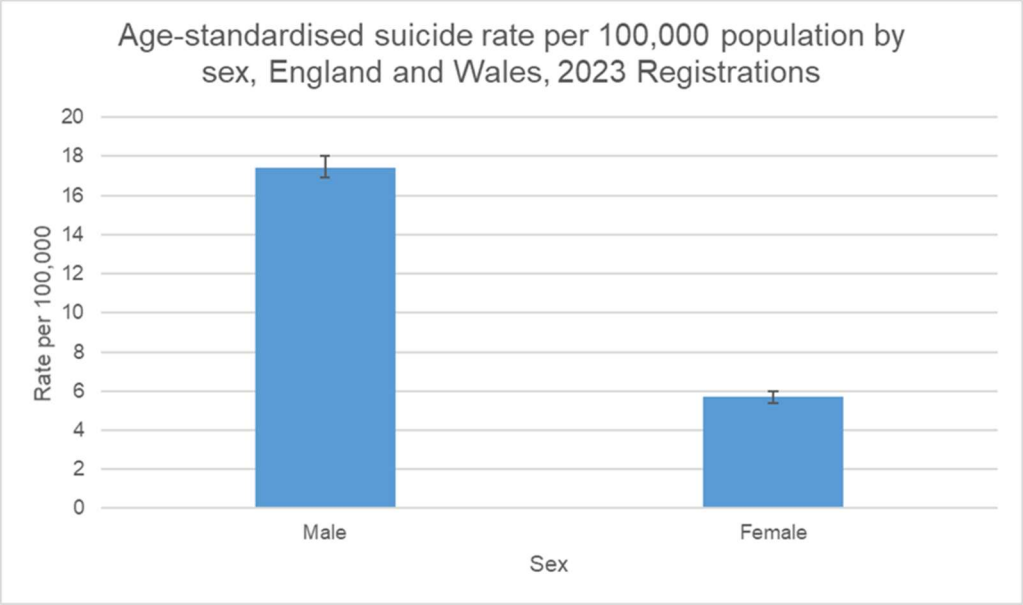

Figure 1 Age-standardised suicide rate per 100,000 population by sex, England and Wales, 2023 Registrations. Source: Office for National Statistics (2024). Suicides in England and Wales: 2023 registrations.

By Age

The 5 year age-group with the highest frequency of death by suicide amongst the whole population in 2023 was 50-54 years (16.3 deaths per 100,000 population; Table 1), as has been the case previously.

For men the age group with highest incidence was 45 to 49 years (25.5 per 100,000) and for women the highest rate was amongst those aged 50 to 54 years (9.2 per 100,000).

Rates increased across all age groups between 2022 and 2023, and the largest increase was seen amongst those aged 45 to 64 years (from 13.4 to 14.8 deaths per 100,000 people).

Table 1 Age-specific suicide rates by five-year age groups (men and women), England and Wales, 2023 Registrations. Source: Office for National Statistics (2024). Suicides in England and Wales: 2023 registrations.

Age Group	Rate
10-14	0.7
15-19	5.4
20-24	9.9
25-29	11.3
30-34	12.9
35-39	14.7
40-44	14.6
45-49	16.1
50-54	16.3
55-59	14.5
60-64	12.4
65-69	10.1
70-74	8.1
75-79	7.7
80-84	9.3
85-89	9.7
90+	11.2

Method of death

As in previous years, the most common method of death by suicide in England and Wales was “Hanging, strangulation and suffocation”, which accounted for almost two thirds of all suicides in 2023 (58.8%; 3,569 deaths; Figure 2). The second most common method continued to be “Poisoning”, representing nearly 1 in 5 deaths by suicide (19.8% of all suicides in 2023; 1,203 deaths).

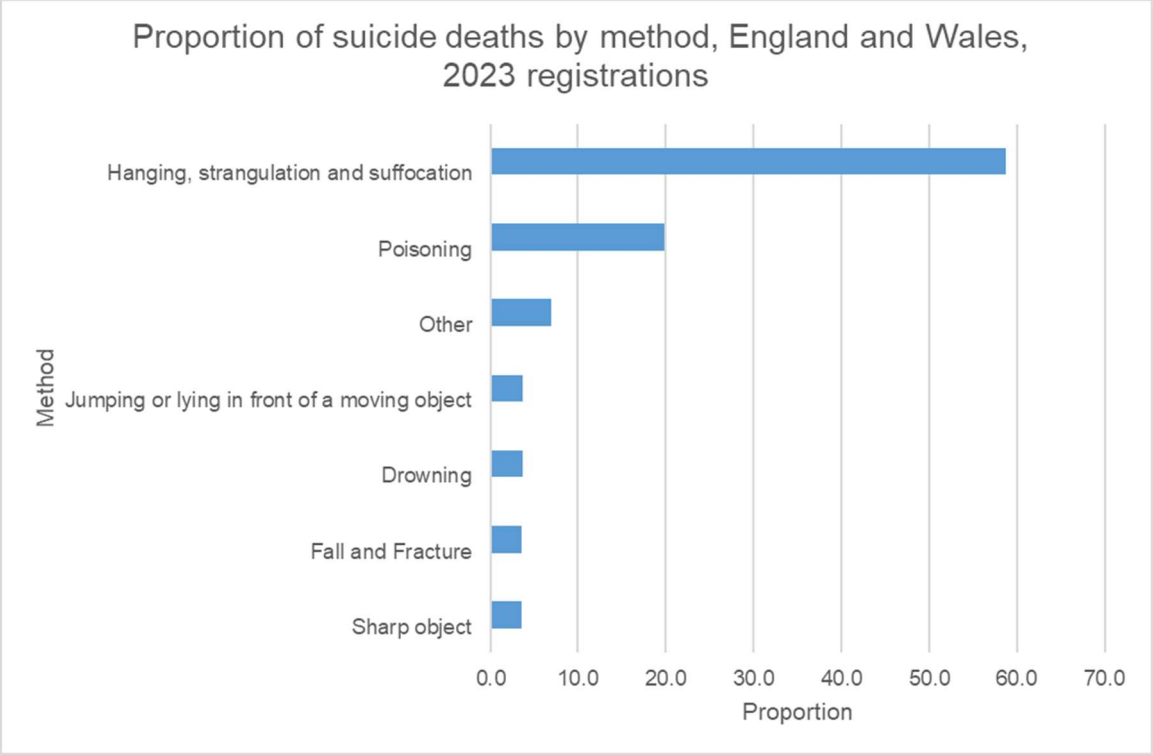

Figure 2 Proportion of suicide deaths by method, England and Wales, 2023 Registrations. Source: Office for National Statistics (2024). Suicides in England and Wales: 2023 registrations.

Havering Data

On average there have been 18 registered deaths by suicide per year amongst Havering residents over the last decade (Figure 3). These are deaths that have undergone coronial review and received a verdict of death by suicide; and consequently, do not always exactly match the information provided through the "suspected suicide" database (See Section 2). This equates to approximately 1 death by suicide every three weeks.

The age-standardised rate of death by suicide in Havering continues to be higher than Outer London and London, albeit this difference is no longer statistically significant (Figure 4).

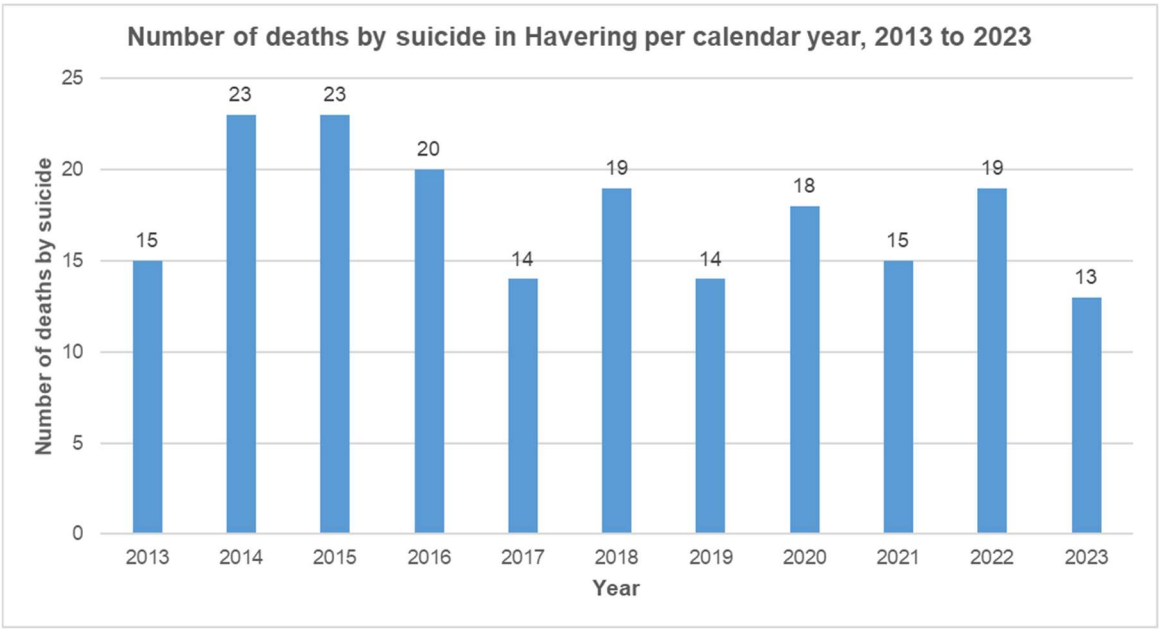

Figure 3 Number of deaths by suicide in Havering per calendar year from 2013 to 2023. Source: Office for National Statistics (2024). Suicides in England and Wales: 2023 registrations.

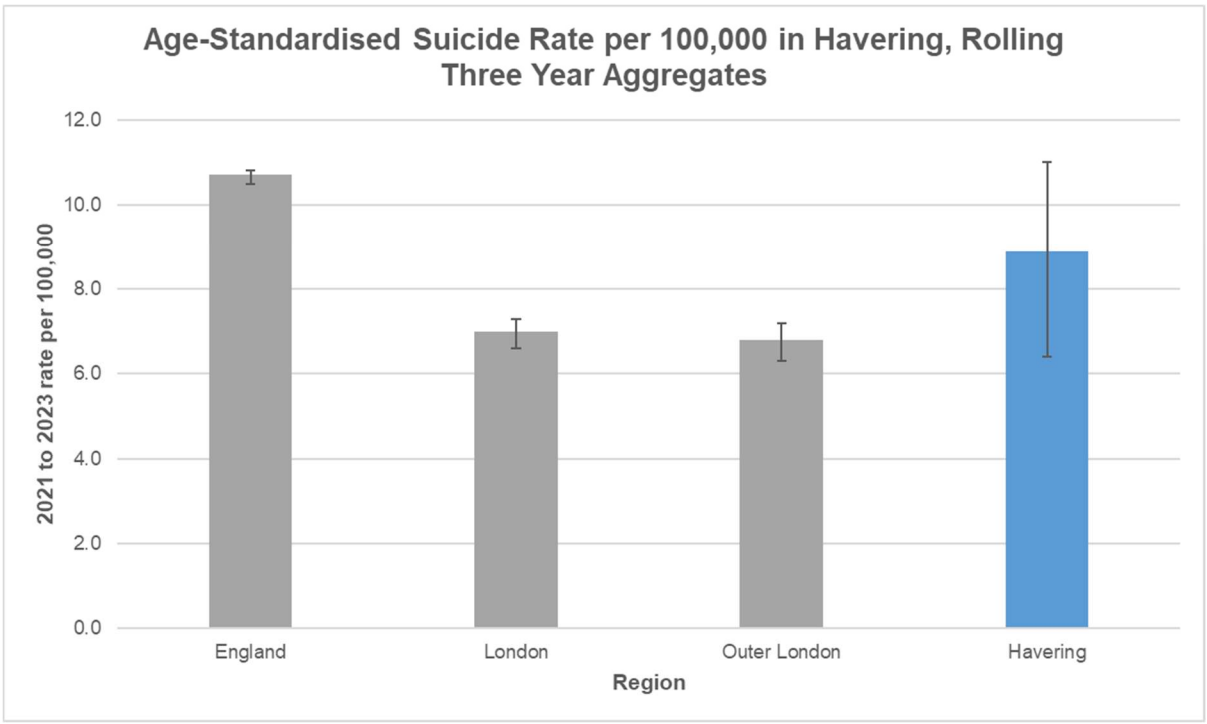

Figure 4 Age-standardised suicide rate per 100,000 in Havering, Rolling Three Year Aggregates for 2021 – 2023. Source: Office for National Statistics (2024). Suicides in England and Wales: 2023 registrations.

2. Overview of Suspected Suicides Occurring in 2024

2024 Summary

- 17 deaths by suspected suicide amongst Havering residents were detailed in the nRTSSS[1] database throughout 2024.
- In 2024 a larger proportion of those who died by suspected suicide were female than expected, based on historic and national data.
- Almost half of the deaths by suspected suicide in 2024 amongst Havering residents took place in a public place.
- Some methods of death were more common than others, and this information will be used to inform local actions for suicide prevention going forward.
- The average age of those who died by suspected suicide was slightly younger than National statistics, and ages spanned a wide range throughout adulthood.
- The average index of multiple deprivation score of deaths by suspected suicide (based on home address) was 4.[2]

Source of data and statistical analysis

The Havering Public Health team has reviewed data extracted from Thrive London's Real time suspected suicide surveillance system (nRTSSS) in January 2025 to review local patterns and inform action. The data sharing agreement with Thrive London, relatively small numbers of cases, and sensitivity of subject matter mean that detailed demographics of the deceased and information regarding method and location of death are not presented in this report. However, the team working on suicide prevention have sight of and utilise person-specific information and share, when necessary, with specific partners involved with response and prevention activity.

A descriptive summary of local data is included. Owing to small numbers no statistical tests have been performed, as this would not be appropriate, instead the Public Health team use medians and interquartile range to describe distribution; as a normal distribution of data is not assumed.

Deaths over Time

As with larger, National data sets local data extracted from nRTSSS over the past 5 years (Jan 2020 – to date) shows that the number of deaths occurring each month varies. However, the number of deaths analysed is relatively small, along with no consideration to other contributory factors (such as economic, social and political

[1] Near Real Time Suspected Suicide Surveillance System
[2] A score of 4 indicates that, on average, individuals that live in these areas are more deprived then 60% of areas in the country, but not among the very most deprived. This suggests that socioeconomic disadvantage may be a contributing factor in some of these cases. While suicide occurs across all social and economic groups, higher levels of deprivation are often linked to risk factors that may contribute to suicidal thoughts and behaviours.

events). Therefore, it would be inappropriate to draw major conclusions from this temporal descriptive analysis. The team will continue to monitor temporal distribution in order to spot patterns and to inform decisions when planning prevention efforts such as media campaigns/outreach.

Demographic summary of suspected suicides

Of the 17 suspected suicides of Havering residents included in nRTSSS in 2024 there was a higher than expected proportion of females when compared to National data. The average age of all of those who died by suspected suicide in Havering was slightly younger than National data, with a wide spread of ages across adulthood.

The home addresses of those who died by suspected suicide had an average index of multiple deprivation (IMD) score of 4.0. It is known from National data and published evidence that suicide risk is unequally distributed across society with those living in more deprived areas at a higher risk of death by suicide, and this is likely to also be the case in Havering.

Ethnicity data is available using the metropolitan police method of collecting and describing ethnicity. This is not self-described, instead using an assessment of ethnicity made by the attending officer. Data is viewed by team members with this caveat in mind, and the potential inaccuracies of this subjective measure. The distribution of recorded ethnicities of those who died by suspected suicide was not unexpected based on the population demographics of Havering.

There were patterns identified in the marital status of deaths by suspected suicide, however this information should also be interpreted with consideration to the age of each individual (i.e. younger people are less likely to be married/in a civil partnership) and owing to small numbers not over-interpreted.

Mental health and substance misuse risk factors

At least one mental health disorder was recorded for the majority of those who died by suspected suicide. This included mood disorders (such as depression or bipolar disorder), anxiety disorders, personality disorders, eating disorders and/or psychotic disorders.

Substance misuse disorders were also detailed on the nRTSSS record for several individuals. Liaison with Change Grow Live (CGL; local substance misuse service provider) enabled the Suicide Prevention team to get a more comprehensive picture for each individual if they had been a client of the service.

Method and Place of Death

The most frequent method of suicide in 2024 did not differ by sex. As a single year of data results in a smaller dataset, several years of local data were examined and over a longer period the most popular method of death differed according to sex, and this

has changed over time. The annual and longer term data on method of death has been used to inform local cross-departmental actions.

Deaths by suspected suicide occurring in Havering throughout 2024 were evenly spread between occurring in a public place/an area visible to members of the public and a residential/private location only accessible to family members/friends. There was no difference in public/private place of death by sex of the individuals.

Whilst every death from suicide has ripple effects throughout the community, deaths that occur in public places have the added impact of members of the public witnessing the death or discovering the deceased. There is also scope for changes to the public environment that could help to deter an individual from attempting to take their own life in a public location.

Individuals known to services

Upon notification of a death by suspected suicide of a Havering resident through nRTSSS the public health team circulate minimal data of the deceased (name, date of birth, date of death) to services across the Council, commissioned services and NHS partners to determine whether or not the deceased was known to them. Services included in this panel are: Change Grow Live (commissioned substance misuse service), Community Safety, Housing, Adult Social Care and NELFT. If known to services, we request relevant details from the service to contribute to the formation of recommendations.

If there is an indication (either from nRTSSS data, or resulting from the information gathering exercise detailed above) that there has been potential for multiple service involvement without optimum liaison between services, then the individual case is made known to Adult Safeguarding partners for their review and expertise as to whether a safeguarding adults review (SAR) would be appropriate. When a review by Adult Safeguarding is requested, data collection co-ordinated by Public Health is put on hold until it is determined whether or not a SAR is appropriate. Of the 17 individuals who lost their lives in 2024 Adult Safeguarding have been asked to review the details of three.

Several individuals were known to council and partner services. Not only does this support our ambition to increase awareness of suicide prevention across the wider system but also indicates a need for processes, that include appropriate staff support, if a client known to the service dies by suspected suicide.

3. Development of new All-Age Strategy for Suicide Prevention 2025-30

From April 2024 the new "All-Age Havering all-age suicide prevention strategy 2025-2030 - Working together to save lives" was developed, and an easy read version of the strategy was also produced. The process of strategy development and consultation facilitated the strengthening of existing cross-sector relationships as well as the formation of several additional working partnerships in areas not previously involved with Public Health-led Suicide Prevention activity.

Public Consultation was hosted on Citizen Space for six weeks launched on 10th September 2024 - World Suicide Prevention Day. Members of the public and professionals were encouraged to complete a consultation survey. Additionally, key professional groups were engaged with and their responses, comments and suggestions invited at several existing meetings/fora at which Public Health requested time to present an overview of the proposed strategy and receive discussion and comments.

Online survey responses were received from 66 participants, with 56% being Havering residents and 14% having lived experience of suicidal ideation and/or suicide attempts. An overwhelming 97% of respondents expressed support the Havering Suicide Prevention Strategy, its priorities and its objectives.

Feedback from both the online survey and professional fora were used to inform amendments to the strategy. A full report into the consultation can be accessed here: 7.3 Suicide Prevention Consultation Report.pdf

Implementation of the 5 year strategy has successfully begun, enabled by the active and engaged membership of three key groups; The Suicide Prevention Stakeholder Group, Suicide Prevention Strategy Steering Group and the Lived Experience Advisory Group (LEAG; Figure 5). A detailed action plan has been established and agreed upon, the monitoring of the delivery of which will sit within the Strategy Steering Group that meets quarterly.

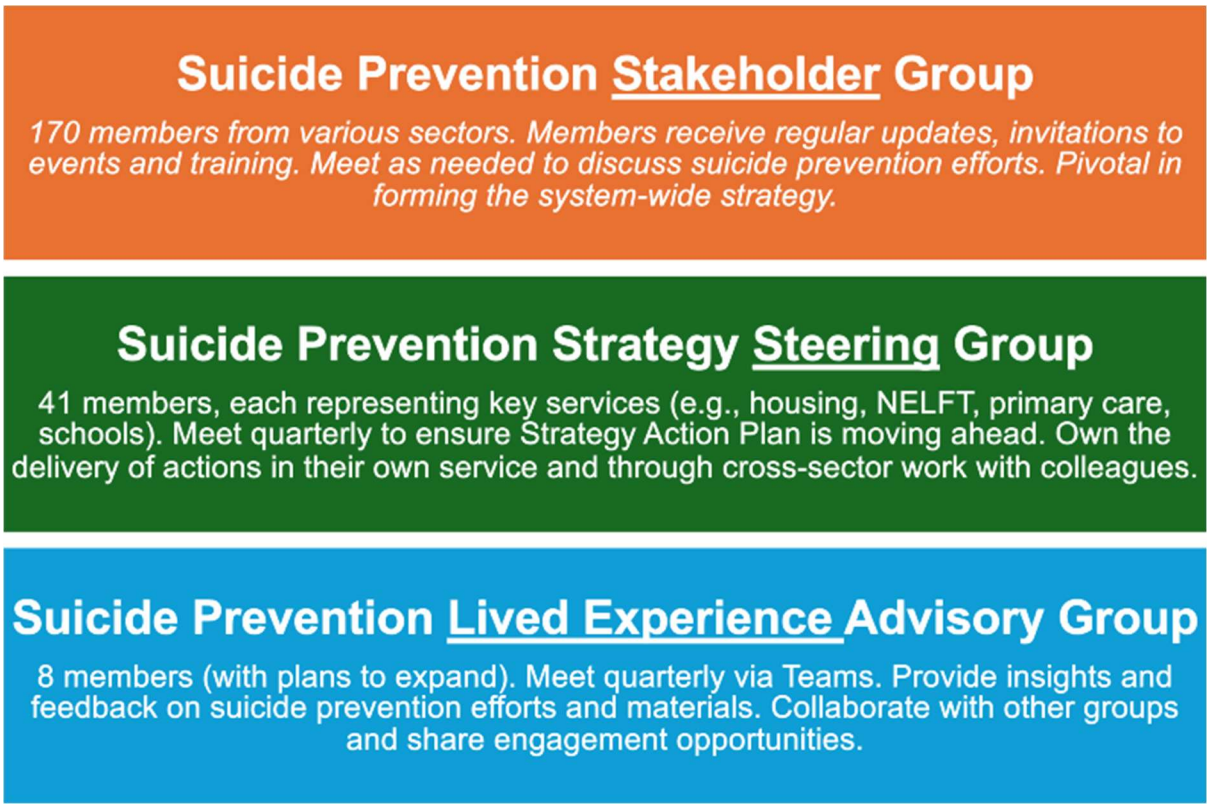

Figure 5 Three key groups essential for strategy delivery. Please note membership is still increasing, so numbers are likely to be higher than those detailed.

4. Review of Deaths by Suspected Suicide

When a death by suspected suicide is notified to the Public Health team via nRTSSS, the process detailed in Figure 6 is followed. Information is gathered from partners across the system, where the individual has been known to the service. This information then informs action locally. As detailed several outputs from other routes of review have been identified, but further work is necessary to ensure that access to these reports/outputs from reviews are visible to Public Health and other stakeholders (as appropriate).

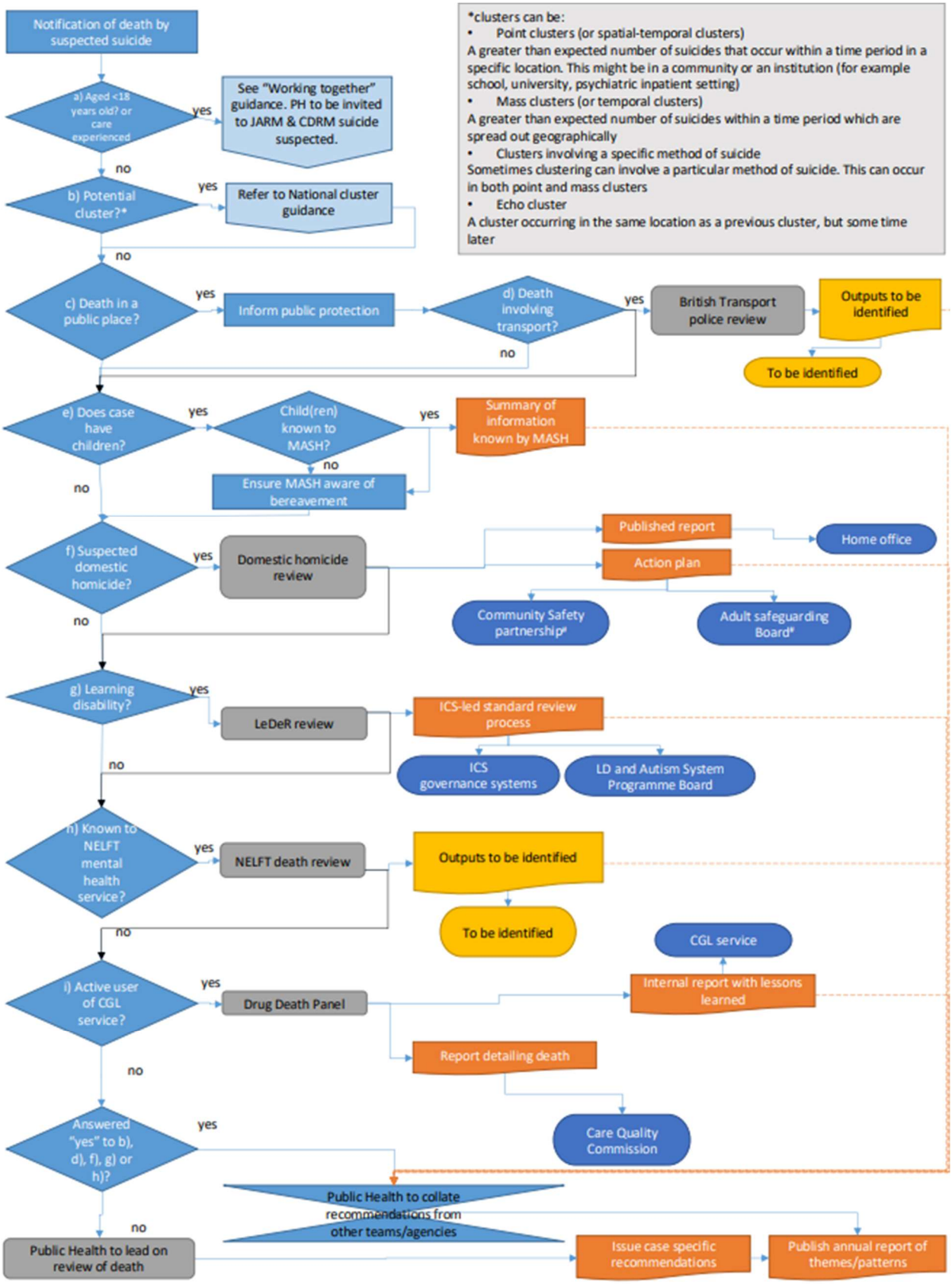

Figure 6 Algorithm detailing the steps taken upon notification of a death by suspected suicide of a Havering resident. NB: if person is under 18 or Care experienced, a Rapid Review regarding a child would take place and then the HSCP Delegated Safeguarding Leads would take a view on whether a Child Safeguarding Practice Review (CSPR) would take place. "working together" guidance is followed. Working Together 2023 criteria

5. Safeguarding Referrals

Based on the algorithm outlined in Section 3, Public Health has referred three cases notified via nRTSSS to Havering Safeguarding Adults colleagues. Two of these three cases have been included in a suicide-themed Safeguarding Adults Review, and we await advice from colleagues regarding the third case. Public Health is also contributing to a SAR regarding a non-Havering resident who died at a location in Havering. Partnership working and relationships across teams has also been strengthened through our work in suicide prevention.

6. Site-Specific Investigations Summary

Background

Two deaths by suspected suicide occurred at the same location within the same rolling 12-month period, resulting in system partners escalating the location as part of their own organizational processes.

Summary of Meetings

A “Multiple Suicide Early Review” panel met, chaired by Havering Public Health with multiagency involvement from Samaritans, Havering Community Safety, Change Grow Live, Havering Adult Social Care, Havering Communications, MET Police and Network Rail.

Following the initial meeting, a Site-Specific Subgroup met to consider further actions for the site with multiagency involvement from Havering Public Health, Havering Parks, Samaritans, MET Police and Network Rail. Invitations sent to ASLEF Executive Committee, the train drivers union.

Recommendations for suicide prevention interventions at specific site

The following four recommendations are made based on both the likelihood of supporting suicide prevention at this specific site and the feasibility of delivery in both the short and long term.

1. **Distribute leads and/or dog waste bag holders to dog walkers and members of the community with information on assisting individuals in distress to promote collective responsibility.**

Pros and Cons according to PHE Preventing Suicide in Public Places Resource Guide[1]

Pros	Cons
-Human contact is the best defense against isolation and hopelessness -Compelling anecdotal evidence of effectiveness -Suicide prevention ‘is everybody’s business’ -Not method of death-specific - Precedence elsewhere in the country at level crossing sites (e.g. Liverpool)	-Resource requirement from VSO partners

Response from Samaritans partners: Branded dog waste bag holders no longer available, although the idea fits well with the Small Talk Saves Lives campaign. Needs consideration for distribution methods and locations.

2. **Improve Samaritans signage at the location to ensure better visibility for those who may come to the site experiencing suicidal thoughts or intent.**

Pros and Cons according to PHE Preventing Suicide in Public Places Resource Guide[1]

Pros	Cons
-Limited evidence of effectiveness for signs alone -Evidence of effectiveness for telephones -Not method-specific	-May advertise potential lethality of a site -Signs and telephones rely on suicidal individual to make the call -Signs without telephones require adequate mobile phone signal coverage -Resource requirement from VSO partners

Response from Samaritans partners: To be discussed with Network Rail and level crossings manager, as Samaritans signage is not routinely placed at level crossings due to potential information overload from existing safety signs. There is also concern that additional signs might negatively highlight the area as a suicide location.

3. **Review Samaritans signage at other similar sites in Havering to ensure better visibility for those who may come to the site who may be in crisis.**

Pros and Cons according to PHE Preventing Suicide in Public Places Resource Guide[1]

Pros	Cons
-Limited evidence of effectiveness for signs alone -Evidence of effectiveness for telephones -Not method-specific	-May advertise potential lethality of a site -Signs and telephones rely on suicidal individual to make the call -Signs without telephones require adequate mobile phone signal coverage -Resource requirement from VSO partners

Response from Samaritans partners: To be discussed with Network Rail, however there is general reluctance to place signs at these locations as evidence does not support its prevention. Signage placement depends on whether a specific location shows significant risk of suicide or trespass.

4. **Visit adjacent public houses to hand out cards and hang up Samaritans posters**

Pros	Cons
-Anecdotal evidence of effectiveness from colleagues in Liverpool with similar situation -Thatched House Pub is directly opposite the entrance to the footpath to the south of the site, so residents	-Limited evidence-based research done of effectiveness in the UK -Resource requirement from VSO partners

who walk along the path may also frequent this pub.	

Response from Samaritans partners: Action can be discussed with local branch. Past experience shows pubs may prefer posters in toilets rather than public areas. “Small Talk Saves Lives” posters could be distributed.

5. **Add sensor lighting (blue) at the site**

Pros	Cons
-Evidence of effectiveness in Japan, with 2013 study showed that suicides decreased by around 84% after installing the blue lights[3]	-Limited evidence-based research of effectiveness in the UK -Animals could set the lights off -Resource required to pay for, install and maintain on network rail property

Response from British Transport Police partners: *British Transport Police response yet to be received.*

7. NEL Cluster Response Plan

Havering Public Health were one of the lead contributors to the NEL Suicide Cluster Response plan developed in late 2024. Since agreement by partners in early 2025 the plan has been implemented by colleagues in neighbouring boroughs in response to deaths by suspected suicide. This plan is an iterative document and lessons learned will be incorporated into future versions, the Governance of the document is still to be agreed.

Briefly, the document was developed to provide reactive operational support for professionals working in North East London in identifying and responding to the risk of multiple linked deaths by suicide (suicide clusters) in order to:

- Reduce the risk of suicidal behaviour among people with a link (either temporal, geographical or societal) to a person who has died by suicide or attempted suicide and
- Reduce physical or emotional harm among people affected by suicide deaths.

It is expected that each area will have a longer-term suicide prevention strategy in place which will, amongst other things, seek to address the upstream risk factors of death by suicide as well as reduce the inequalities relating to suicide risk

8. Recommendations

1. Adopt and implement a local all-age suicide prevention strategy to ensure best use of local data, intelligence and partnership working
2. Continue reviewing each suspected suicide amongst Havering residents to gather relevant information to inform prevention efforts
3. Gain clarity on the outputs of reviews conducted by wider systems partners and scope possible access to reports with timeline review and incorporation of finding and recommendations into our local prevention efforts.
4. Scope the possibility of obtaining additional data sources for suspected suicides beyond nRTSSS.
5. Work with GP Practices across the borough to include their expertise in the suspected suicide review panel process.
6. Implement the agreed action plan resulting from the Havering strategy. (High level action plan detailed in Appendix A

Appendices

Appendix A High-level action plan, developed by organisations/representatives of the Havering Suicide Prevention Stakeholder Group.

High-Level Action	Actions
Identify those at increased risk and applying the most effective evidence-based interventions for our local population and setting	1.a Public Health will establish a systematic review panel and protocol, defining clear roles, responsibilities and meeting frequency.
	1.b Public Health and relevant partners will conduct comprehensive reviews of suspected suicides in Havering. From these, the panel will produce case-specific recommendations and lessons learned to develop a comprehensive understanding of the context and potential preventive measures.
	1.c Public Health will engage with MET Police colleagues and THRIVE London colleagues annually to review the suicide prevention panel and to improve data sharing.
	1.d Public Health will produce an Annual Suicide Prevention Report (ASPR), incorporating both epidemiology and gathered recommendations from suicide panel reviews, and findings from any relevant SARs and progress for the suicide prevention action plan.
	1.e Public Health will update and maintain mapping exercise to identify key strategies, policies, work areas and commissioned services to strengthen suicide prevention efforts.
	1.f All stakeholders will conduct thorough review of existing policies, strategies and service provision to ensure that suicide prevention is included.
	1.g Public Health will collaborate with relevant stakeholders to investigate and address gaps in referral pathways throughout services and organisations.
	1.h Children and Young People's Emotional Wellbeing and Mental Health Strategy will be developed, and to include young adults who are care experienced (up to age 25) in transition to adults services.
	1.i Safeguarding Team will conduct a retrospective exercise to consolidate findings and recommendations from past reviews of suicides. Then, Public Health will review the information extracted and consider how to disseminate findings.
Prevention activities across the system including increasing knowledge and reducing stigma	2.a From suicide review panel, immediate preventive measures will be implemented based on review findings, engaging with local authorities and stakeholders to enhance safety in high-risk and/or public areas.
	2.b Partners will promote Havering's Suicide Prevention Training Directory.
	2.c Public Health will work with PCN Leads to increase uptake of suicide prevention training among primary care staff.
	2.d Partners will promote suicide prevention training for community members that support people who have an increased risk of suicide or self-harm, or that provide support to people around distressing life events.
	2.e Public Health will investigate integrating suicide prevention into Community Engagement work (Health Champions).
	2.f Public Health will develop and improve approach to increase training uptake in Havering, including consulting with other Boroughs and NEL Training Hub.

	2.g As part of a Health in All Policies approach, Council services will integrate suicide prevention measures into the Council workforce by providing internal suicide prevention training and incorporating these measures into new or existing Council policies, for example, creating a staff guidance/protocol following a death of a service user by suicide.
	2.h Public Health will maintain up-to-date, brief resource that clearly directs individuals to self-harm and suicide prevention services, covering early intervention, prevention and postvention services.
	2.i Havering Communications and Public Health will develop a digital (QR code) and printable signposting guide for suicide risk factors, distributing it digitally to key partners and across the Borough, including libraries/community hubs, council services, places of worship, and incorporating the QR code on relevant Council materials.
	2.j Public Health will maintain and update suicide prevention council webpage.
	2.k Public Health will develop a communications and engagement plan to amplify national campaigns locally, coordinate activities for World Suicide Prevention Day and World Mental Health Day, and deliver an annual webinar on World Suicide Prevention Day. This plan will include involvement of people with lived experience.
Support at both individual and population levels, including those at risk of suicide and the bereaved	3.a Relevant services will recognise and put in place measures to support the specific needs of at risk and/or vulnerable groups in need of additional support.
	3.b Anchor organisations (e.g., the NHS, schools, police, fire service) will ensure that frontline staff receive sustained and evaluated support for dealing with the impact of suicide in their profession.
	3.c Public Health will form a reference group comprised of selected professionals and individuals with lived experience (“Expert by Experience”) to provide feedback on various actions as part of the Havering Suicide Prevention Strategy such as reviewing an input into documents published by the suicide prevention public health team, leveraging existing connections with established groups, and amplifying the voice of those with lived experience.

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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	NHS 10 Year Plan Briefing
Board Lead:	Luke Burton, Joint Director of Partnerships, Impact and Delivery, Havering
Report Author and contact details:	Luke Burton, Joint Director of Partnerships, Impact and Delivery, Havering

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

☒	The wider determinants of health • Increase employment of people with health problems or disabilities • Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do. • Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.
☒	Lifestyles and behaviours • The prevention of obesity • Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups • Strengthen early years providers, schools and colleges as health improving settings
☒	The communities and places we live in • Realising the benefits of regeneration for the health of local residents and the health and social care services available to them • Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.
☒	Local health and social care services • Development of integrated health, housing and social care services at locality level.
☒	BHR Integrated Care Partnership Board Transformation Board • Older people and frailty and end of life • Long term conditions • Children and young people • Mental health • Planned Care Cancer Primary Care Accident and Emergency Delivery Board Transforming Care Programme Board

Havering
LONDON BOROUGH

SUMMARY

The NHS stands at a critical juncture with mounting pressures from population growth, an ageing population and significant financial constraints; the need for fundamental reform has never been more urgent.

In response, the government's NHS 10-year Plan, published this month, aims to reinvent the health service while maintaining its core principle: free at the point of use. Born from over 220,000 public and staff contributions, the plan leverages the digital health revolution, genomics and AI to deliver three transformational shifts: from hospital to community, from analogue to digital and from treatment to prevention.

RECOMMENDATIONS

Health and Wellbeing Board members are asked to note and discuss the detail of this update, setting out the key elements of the NHS 10 Year Plan, and the implications for the London Borough of Havering, and Havering Team at Place.

REPORT DETAIL

This report summarises the key elements of the NHS 10 year plan including the following key shifts and reforms:

Three major shifts:

- **From hospital to community**: More care closer to home, with Neighbourhood Health Services and co-located centres open 12 hours a day, 6 days a week. Two-thirds of outpatient appointments (currently costing £14bn) will shift to digital alternatives, while 95% of complex patients will have universal care plans by 2027.
- **From analogue to digital:** A Single Patient Record accessible through the NHS App by 2028 will become the "front door" to the NHS, supporting AI-powered diagnostics, medicine management, and care planning. New AI tools being tested on the Federated Data Platform, which connects information across healthcare settings and links siloed sources, which can reduce the time spent on paperwork by 51.7% and allow each doctor to treat 13.4% more patients during a shift.
- **From treatment to prevention:** The plan aims to create a smoke-free generation, tackle obesity, reduce alcohol harm, and eliminate cervical cancer by 2040 while increasing access and uptake of screening services via the Neighbourhood Health Service and scaling genomic and predictive analytics to support prevention.

Five enabling reforms:

- A **new operating model**, merging NHS England with DHSC, empowering ICBs as strategic commissioners, and reintroducing earned autonomy for high-performing NHS organisations.
- **Enhanced transparency of quality of care**, publishing league tables of providers and patient experience measures, revitalising the National Quality

Board as the single authority on quality, and implementing AI-led warning systems to identify at-risk services based on clinical data.

- **Workforce transformation**, focusing on AI-enabled productivity, advanced practice roles, ultra-flexible contracts, and technology to release £13bn worth of staff time.
- **Innovation and technology** with five "big bets" (AI, data, genomics, robotics, wearables) drawn from the Future State Programme, new Global Institutes, and faster clinical trial and medicine approval pathways.
- **Financial sustainability** via a value-based approach focused on getting better outcomes for the money we spend and clearing deficits through 2% annual productivity gains, multi-year budgets, and innovative capital investment models, alongside "Patient Power Payments" linking funding to patient experience.

There will be a strong focus on prevention, and development of Integrated Neighbourhood Teams – adopting a population health approach to supporting local people at a neighbourhood level.

The 'Neighbourhood' footprints within Havering will likely be coterminous with the Primary Care Network Footprints, and covering three areas;

- 'North Havering' – covering Havering Nort Primary Care Network
- 'Central Havering' – Covering Marshall's and Crest Primary Care Networks
- 'South Havering' – Covering South Havering and Liberty Primary Care Networks.

Many services within the Borough are already configured around these footprints, and the London Borough of Havering are currently reviewing their Social Care provision to ensure that this is in line with these boundaries. This will enable local teams of council, NELFT, BHRUT, and Primary Care staff, as well as the wider community and voluntary sector, to work closely to address the needs of the populations within those areas.

IMPLICATIONS AND RISKS

The London Borough of Havering is already working to mitigate the immediate implications of the NHS 10 Year Plan, that require NHS North East London to undertake a restructure within 2025/26, delivering a 50% running cost reduction. This has implications for the Havering Integrated Team at place (NHS Commissioners and LBH Commissioners from what was previously the Joint Commissioning Unit). The Team has been successfully working as a joint entity for over a year. The implications of the significant running cost reduction requirement for NHS North East London is that the resource at Havering Place will reduce significantly on the NHS side. The London Borough of Havering are responding by planning a restructure for the staff employed by the Council, to be run concurrently with the NHS consultation, to ensure that the commissioning team structure is not destabilised by the reductions within the NHS Team.

There will also be implications for the future in terms of working with partners to deliver Integrated Neighbourhood Teams. The London Borough of Havering has

strong working relationships with our partner organisations in the NHS and wider, and are already in discussion about what the 'Integrator' organisation could look like.

BACKGROUND PAPERS

Attachment 1 - NHS 10 Year Plan Briefing slides
Attachment 2 – Proposed Havering Integrated Neighbourhood Boundaries

Further reading:
Fit for the Future: 10 Year Health Plan for England - 10 Year Health Plan for England: fit for the future - GOV.UK

North East London Health & Care Partnership

NHS North East London

Fit for the Future: 10 Year Health Plan

NEL ICB Staff Briefing

10th July 2025

Political messages

Fit for the Future: the 10 Year Health Plan for England (published on 3rd July 2025) **aims to reinvent the health service** while maintaining the core principle that services should be free at the point of use.

The Change.nhs consultation was a widespread engagement exercise that received over 250,000 public, staff and expert contributions.

The **key drivers for change** cited in the 10 year health plan are:

1. Public satisfaction with the NHS is now only 21%, down from 70% in 2010.
2. The NHS faces increasing pressure from an ageing population with long term conditions and widening levels of inequality.
3. The NHS consumes 38% of government spending, productivity is down 20% to 25% compared to pre-pandemic, the NHS is not delivering value for taxpayers.
4. Patients wait passively to receive care from an antiquated service reliant on posted letters, telephone queueing systems and convoluted access routes.
5. Centralisation of the running of the NHS, particularly because of the reforms introduced after the 2010 elections, has inhibited innovation.

The main solutions and innovations identified are:

1. A move to **patient-controlled and personalised** system with more people having instant access to healthcare and electronic care plans.
2. The transfer of care from **Hospitals to the Neighbourhood** in a way that will revitalise General Practice and provide more care closer to people's homes.
3. The NHS will undergo a **digital revolution** including more use of AI, the NHS App and centralised patient records, this will include the use of genomics data as a way to actively prevent ill health.
4. The NHS will be decentralised, frontline staff will be empowered to reshape services, and **the role of the Integrated Care Board has been reclarified as the organisation that uses strategic commissioning to improve population health.**

Our approach: 10 Year Plan engagement

The People's Panel

What we did

- The People's Panel is made up of more than 2,400 people living in north east London, who receive a monthly newsletter inviting them to participate in various engagement activities
- We invited People's Panel members to participate in a workshop to discuss the 10 Year Plan and the proposed three shifts:
    - Moving more care from hospitals to communities
    - Making better use of technology
    - Preventing sickness, not just treating it
- Our partner organisations also helped us promote the opportunity through their networks too
- We delivered 7 in person workshops at Place, with around 80 participants overall on cold winter evenings

Key learning / feedback

Hospital to community

- Moving care from hospitals to the community could have a profound positive impact in particular on waiting times and patient experience
- Potential to be more cost effective
- Could aid recovery as people are looked after in more familiar surroundings , making use of community assets and focusing on prevention
- Need to consider impact on unpaid carers who are already under pressure as well as how services would be monitored to ensure high quality

Better use of technology

- Across the groups, people could see the potential benefits for the increased use of technology, however overall, it was felt that there still needs to be options which do not exclude people who are unable to access digital tools, information or services
- Could be beneficial in enabling early diagnosis and supporting prevention of long-term conditions through empowering individuals to manage their health and wellbeing
- Need to consider digital exclusion

Preventing sickness

- People felt that focusing on prevention and early intervention, could reduce hospital admissions, improve self-management, and promote healthier lifestyles. This would not only save money but also enhance the overall well-being of individuals and communities.
- Government's focus should be on primary prevention, rather than secondary prevention
- People wanted to focus discussions on things that can have a positive influence on people's health, such as good quality housing, information about nutrition and employment

“I’m sure with a bit more information early on, half my family could have avoided getting diabetes. There was never any information about what they should be doing to stay healthy, only when it was too late”

“Why don’t different teams work together? Surely things would be a lot more efficient if everyone just talked to each other and shared information?”

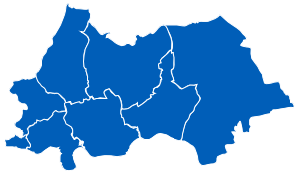
"I know what it's like, I can see where things go wrong when I'm using services, and I want to make it better for other people"

“I once had the most lovely nurse in hospital who made such a difference to my experience, I wish they could copy and paste him. A little bit of kindness makes all the difference”

From Hospital to Community

Key Concepts:

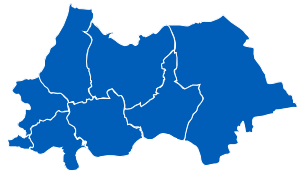
- The **Neighbourhood Health Service** will become an alternative to the Hospital based health service, bringing care into the places where people live and restoring GP access.
- Neighbourhood Health Centres will be created (that are open 12 hours a day, 6 days a week), co-located with other services and offer a one stop shop for NHS patient care, council services and voluntary services.
- More services will be provided on the high street, in patients homes, online, and very importantly more services will be provided outside of the 9 to 5.
- Two-thirds of outpatient appointments (currently costing £14bn) will shift to digital advice, while 95% of complex patients will have universal care plans by 2027.
- Two new neighbourhood provider contracts will be introduced - '**single**' and '**multi**' neighbourhood serving around 50,000 and 250,000+ people respectively – these contracts will 'encourage' GPs to work over larger geographies and lead neighbourhood providers.
- ICBs have freedom to contract with **GP federations or NHS Trusts** to provide Neighbourhood Health Services.
- Well-performing FTs will have the opportunity to become Integrated Health Organisation (IHO) with responsibility for a whole health budget for their population.
- The Neighbourhood Health Service will expand over a 3-4 year timeline which is linked to the timeline for the financial shift from Hospital to out of Hospital services, and the modernisation of Hospitals.
- Increase the number of **Mental Health Emergency Departments** co-located with A&E.



From Analogue to Digital

Key Concepts:

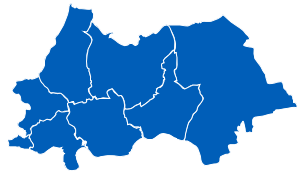
- A nationally procured **Single Patient Record** will facilitate the integrated, personalised and the predictive healthcare model.
- Patients will access the NHS via the **NHS App that will become the "front door"** to the NHS by 2028. The NHS App will support AI-powered rapid advice and diagnostics, self-referral, appointment booking, medicine management, and care planning – together these form the '**doctor in your pocket**'.
- The NHS App will be supplemented by '**HealthStore**': a marketplace for NICE approved digital health apps patients can use.
- New AI tools are being tested on the Federated Data Platform which connects information across healthcare settings, links siloed sources and can increase productivity.
- The shift to digital is citied as the clearest route to financial sustainability because it reduces duplicative efforts, reduce cost of communicating with patients, releases clinicians from pre-assessment, frees frontline staff from paperwork. A national procurement framework for AI tools will be established in 2026/27, which can be accessed by all NHS organisations so they can adopt the new technology safely.
- The key AI clinical tool will be ambient voice technology (the '**AI scribe**') which should reduce paperwork by 51% and release time to care.
- **Genomics data will be integrated into the Single Patient Record** to supplement the personalised and predictive care model approach.



From Sickness to Prevention

Key Concepts:

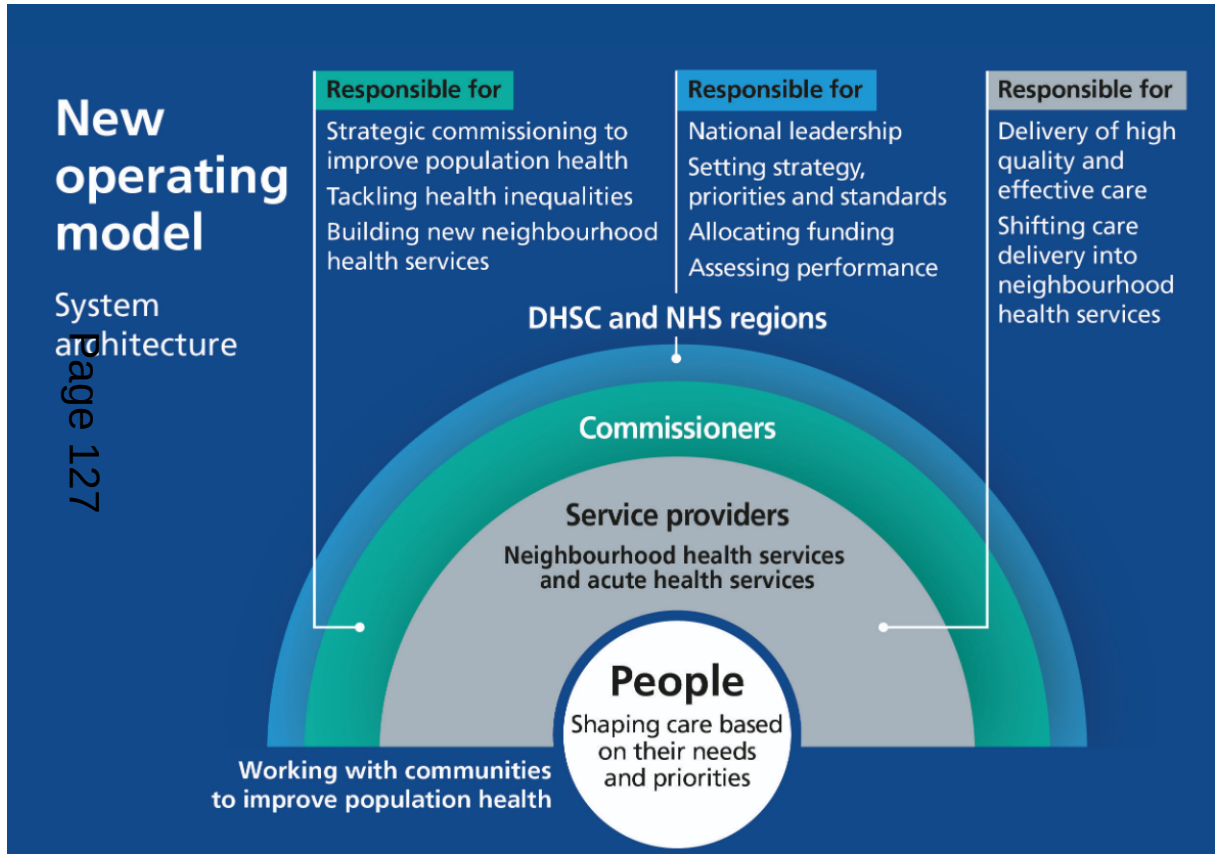
- Prevention will be how we deliver healthier, more prosperous lives for all, particularly for those suffering the consequence of widening heath inequality.
- The report talks about a lot of primary prevention initiatives like the work on smoking cessation, the Tobacco and Vapes Bill, ban on junk food advertising, energy drinks ban, alcohol health warning labels, decarbonising transport, and several other cross government initiative, however it also says…
- The new NHS role will be to use genomics, predictive analysis and AI to usher in a **new era in secondary prevention** giving us the ability to better target prevention initiatives.
- Embracing **technological advance in Vaccines, Screening and Genomics** are seen as critical to turning the NHS into a prevention service / population health service.
- NHS specific secondary prevention initiatives include:
  - Expand the Healthy Start scheme
  - Collaborate with industry to test weight loss models like GLP-1
  - Introduce digital NHS points scheme that reward people for taking healthy actions
  - Achieve national coverage of mental health support teams in schools
  - Increase update of vaccination and screening through the Neighbourhood Health Service
- As part of **the Get Britain Working White Paper** – establish 'Our Health and Growth Accelerators' to test models where NHS systems are held accountable for the impact they have on people's work status.
- **Commitment to clean air** by supporting active travel, decarbonising transport, rolling out clean technologies and tackling poor housing conditions that create damp or mould. (part of *wider government initiatives*)



New operating model

Principal Objective / Rationale

The NHS was founded on principles of universal care, publicly funded and free at the point of delivery; as well as an original ambition of patient empowerment and the distribution of power. The ambition has never been fully realised and this situation is being perpetuated by the on-going centralisation of decision making.



The Vision

- There will be a simple hierarchy of DHSC, Commissioners and Providers - all accountable to government, and with responsibilities clarified.
- The key purpose of the new Department of Health is to set strategy for the NHS and form partnerships at a national or international level with investors, industry and the rest of government.
- The key purpose of ICBs is to become strategic commissioners of local health services and to make evidence based decisions and achieve financial sustainability.
- Earned autonomy will be reintroduced to give the best performing NHS Trusts giving them the opportunity retain surpluses and use that funding to innovate. The poorest performing NHS Trusts can be put into 'administration' and then taken over by another provider.

ICBs will need :

1. Excellent analytical capability, and be guided by population health data
2. A strong strategy function and staff with good problem solving skills
3. Capability in partnership working
4. Intelligent healthcare payer understanding with the ability to develop novel payment mechanisms and strategic resource allocation
5. User involvement functions to ensure services meet the needs of the local community

(summarised from the NHS 10 Year Health Plan page 79)

New transparency on quality of care

Principal Objective / Rationale

A lack of transparency was a major contributing factor behind patient harm events not being reported then fixed.
A lack of transparency on the quality of care makes it difficult for patient to make informed decisions.

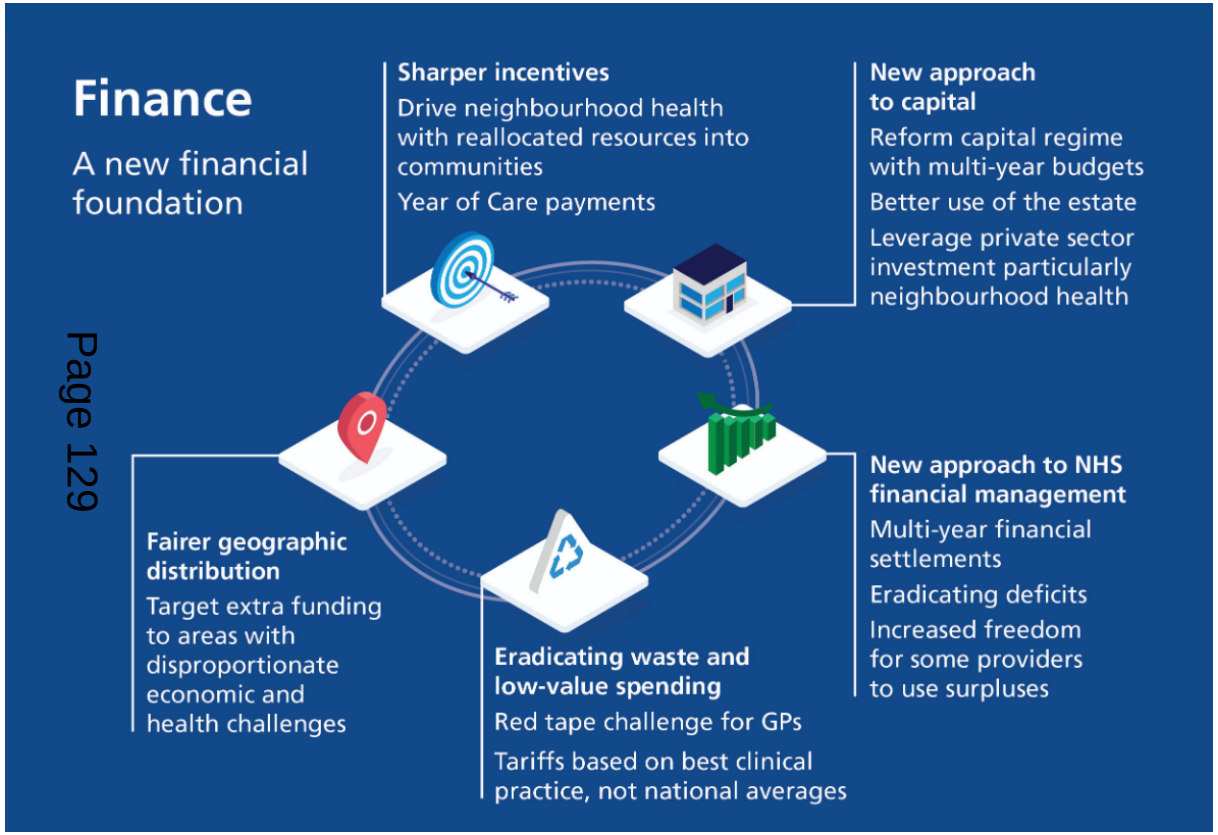
The Vision

- To empower patients to make informed decisions about their care the following needs to happen:
    1. Better data is made freely available to support patients to make choices
    2. Patient feedback is routinely and frequently collected alongside public and staff experiences
    3. Clear incentives to improve patient care will be made available to leaders and to staff to ensure they deliver the best quality care
    4. There is investment in technology to support improvement in patient care
- The National Quality Board will be revitalised and tasked with developing a new quality strategy by March 2026.
- The NQB will become the single authority on quality as recommended in the Penny Dash Report.
- The Health Services Safety Inspection Board (HSSIB) functions will transfer to the CQC and the hosting arrangements for the Patient Safety Commissioner (PSC) will transfer to the Medicines and Healthcare products Regulatory Agency. This will simplify the healthcare inspection regime.

Finance and Productivity

Principal Objective / Rationale

More funding has not always led to better care especially over the last 10 years when funding went up but outcomes and productivity declined.
The objective is to reverse the increase in NHS costs as the country deals with pressure on public finances.



The specific milestones for the delivery of NHS financial sustainability have been defined as:

- Deficit support funding will be phased out from 2026/27
- For the next 3 years there will be an NHS target to deliver a 2% year-on-year productivity gain which will return the NHS to pre-pandemic level of productivity
- Multi-year budgets for service funding will be introduced meaning commissioners can offer multi-year contracts to providers and incentivise innovation
- A minimum 3% of the budget must be set aside for service transformation
- On a trial basis “Patient Power Payments” will be introduced – this is where patients will be asked whether the full payment for the cost of their care should be released to the provider or redirected to a regional improvement fund
- The ‘majority’ of NHS providers are expected to be in surplus by 2030
- The profile of health spending is to shift over the next 3-4 years where expenditure on Hospital care will fall and there will be greater investment in out of Hospital care.
- This will be supported by a move away from national tariffs based on average costs to tariffs based on best clinical practice that maximises productivity and outcomes.
- There will be the development of ‘**year of care**’ payments starting in financial year 2026 to 2027. This will also drive the shift of activity and resource from hospital to community.
- Multi-year capital budgets will be introduced on a rolling 5 years basis, the capital approval process will be streamlined and the government will explore the feasibility of new Public Private Partnership financing options

New NHS Workforce

Principal Objective / Rationale

Many experienced staff have left the NHS because of low levels of satisfaction caused by a culture of top down working, bureaucracy and contradictory guidance. The workforce of the future will need skills to deal with the growth in the ageing population, digital technological advances and work in a flexible way.

The Vision

- Later this year a 10 Year Workforce Plan will be published setting out more details of the new workforce approach. This will create a workforce model with staff genuinely aligned with the future direction of reform.
- It is acknowledged that there will be fewer NHS Staff in the future and they will need a different set of skills and competences to work in the digital healthcare environment focussed on AI and productivity.
- There will be:
  - Support for nursing students to overcome the financial obstacles to training
  - Support for resident doctors by improving postgraduate medical training
  - More research opportunities for nurses, midwives and AHPs
  - Implementation of changes to senior leadership working in line with the General Sir Gordon Messenger's Review
- Trust will be expected to recruit locally, specifically targeting individuals who are unemployed or economically inactive, and to expand apprenticeships and accessible training programs to enable people to "earn while they learn".
- Trusts will also be expected to assist care leavers in finding employment within the NHS.

Fit for the Future will introduce a new set of standards for NHS workers which will be co-produced with staff through the Social Partnership Forum and implemented in April 2026.

The new set of standards will **make the NHS a great place to work**:

1. Nutritious food and drink at work
2. Protection from violence, racism, sexual harassment at work
3. New standards of healthy work
4. Flexible working options

NHS Employer will publish data on these standard every quarter!

Innovation and Research

Principal Objective / Rationale

The UK is a leader is life sciences, research and technology and the NHS is the holder of a powerful data set but the NHS is not effectively leveraging the competitive advantage it possesses. The objective is to position the NHS to be in the driving seat to harness technology to create the new model of care.

The Vision

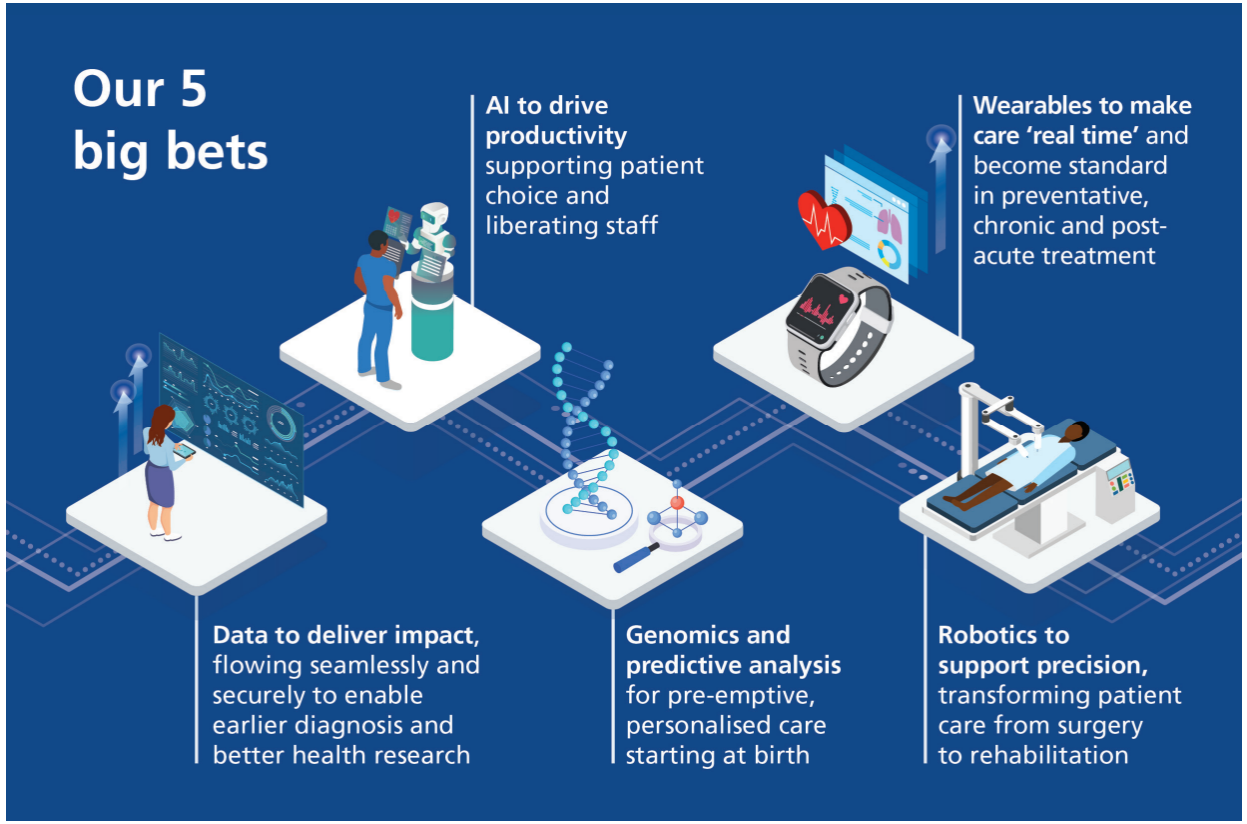
- The key technological drivers of healthcare reform will be the '**FIVE BIG BETS**' to drive healthcare reform:

    1. Interoperability of data
    2. AI empowering patients and driving productivity
    3. Predictive analysis drives prevention and personalisation
    4. Wearable technology provides real time data
    5. Increased use of robotics

- **Regional health innovation zones will bring together ICBs, Providers and Industry to drive local innovation.** The NHS can work alongside innovators to bring technology into the NHS more quickly.

- The plan sets out proposals to **increase research opportunities** for Nurses, Midwives and AHPs, and encourage skill development in research and innovation.

- Research will increasingly be done in the primary care and neighbourhood health service settings.



Summary – Fit for the future

The **New Model of Healthcare** will:

- Create a **Neighbourhood Health Service** that will bring care to the places where people live and restore GP access.
- Digitise every aspect of the NHS and create a **centralised patient record system** that NHS staff can access through a single login, and all patients will access through the NHS App.
- Increase the importance of **Patient choice and patient experience** will drive the expansion of electronic care planning and personal health budgets
- Create a system of **complete transparency on quality and performance** with published league tables.
- Move funding, activity and staff into **Neighbourhood Health Services** that are GP led. ICBs can commission NHS organisations or contractors, like a GP Federations, to run the Neighbourhood Health Service.
- **Expand NHS secondary prevention, which is supported by Genomic testing;** this is part of a cross governmental drive to get the country fit and back into work.
- Redefine the role of the ICB as the strategic commissioners of local health services that will make evidence based decisions to improve population health, tackle health inequalities and deliver financial sustainability.

North East London Health & Care Partnership

NHS North East London

Appendix 1: Infographics from Fit for the Future

Hospital to community

Bring the NHS to you In your community, including homes and high streets

Modernise hospitals
Long waits reduced and a renewed focus on world-class, life-saving care

A neighbourhood health centre
In every community, with multi-disciplinary teams working together, under one roof

Create teams that work around you
Different professions, social care and voluntary sector

A new era for general practice
End the 8am scramble and bring back the family doctor

Analogue to digital

for staff

Liberating staff from bureaucracy - Using AI to automate tasks. Building care plans and recording clinical information, which can save clinician time

Embrace AI to support clinicians - Using AI as part of treatment to improve clinical outcomes

for patients

A Single Patient Record - Giving you control over your data, accessible by all healthcare professionals, with your consent

Manage your care digitally - Book and change appointments and discuss your care all through the NHS App

Your NHS companion - By 2035, you'll have a virtual assistant - a doctor in your pocket

Sickness to prevention

Ensure people have the information they need to **make healthier choices** on alcohol

Tackle childhood obesity through **new junk food advertising restrictions** and improving food in schools

Refresh the government ambition on air quality to protect everyone from the health impacts of air pollution

Create the first smoke-free generation and crackdown on vaping amongst children

Millions more people will be encouraged to move and exercise regularly through a new national campaign

Work with businesses to help children and families make the healthy choice

North East London Health & Care Partnership

NHS North East London

Havering Neighbourhood Boundaries

July 2025

Background: Boundaries?

National Guidance

"**System leaders** will need to **work with partners** across local communities **to define population boundaries** for neighbourhood health"

"It is essential that care is planned to meet all health and social care needs and that service boundaries do not prevent seamless, joined-up care"

London Guidance (Target Operating Model)

Working within each ICS, **place partnerships will be responsible for agreeing the footprints of neighbourhoods** based on local evidence and data, including existing capacity and demand, and mapping of local assets and needs.

INT boundaries in London will not automatically be defined by existing primary care network (PCN) footprints, **except where these boundaries align with recognisable neighbourhoods**.

It is much easier to begin by enabling people to work together differently, rather than to start with trying to reconfigure organisations.

Background: Boundaries?

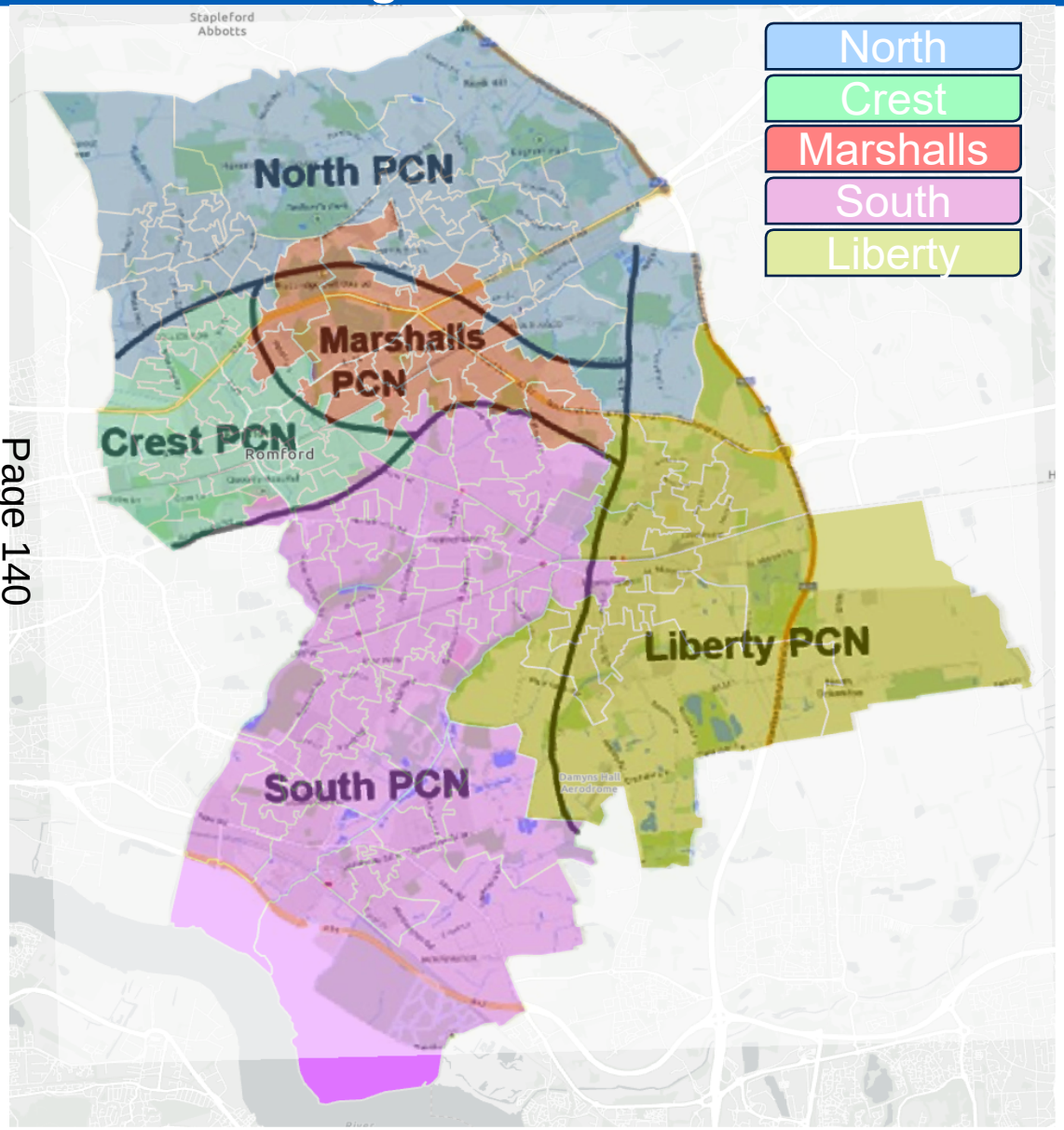
MH

North East London Guidance

Vision - Everyone in north east London lives in a neighbourhood which supports and actively contributes to their physical and mental health and wellbeing

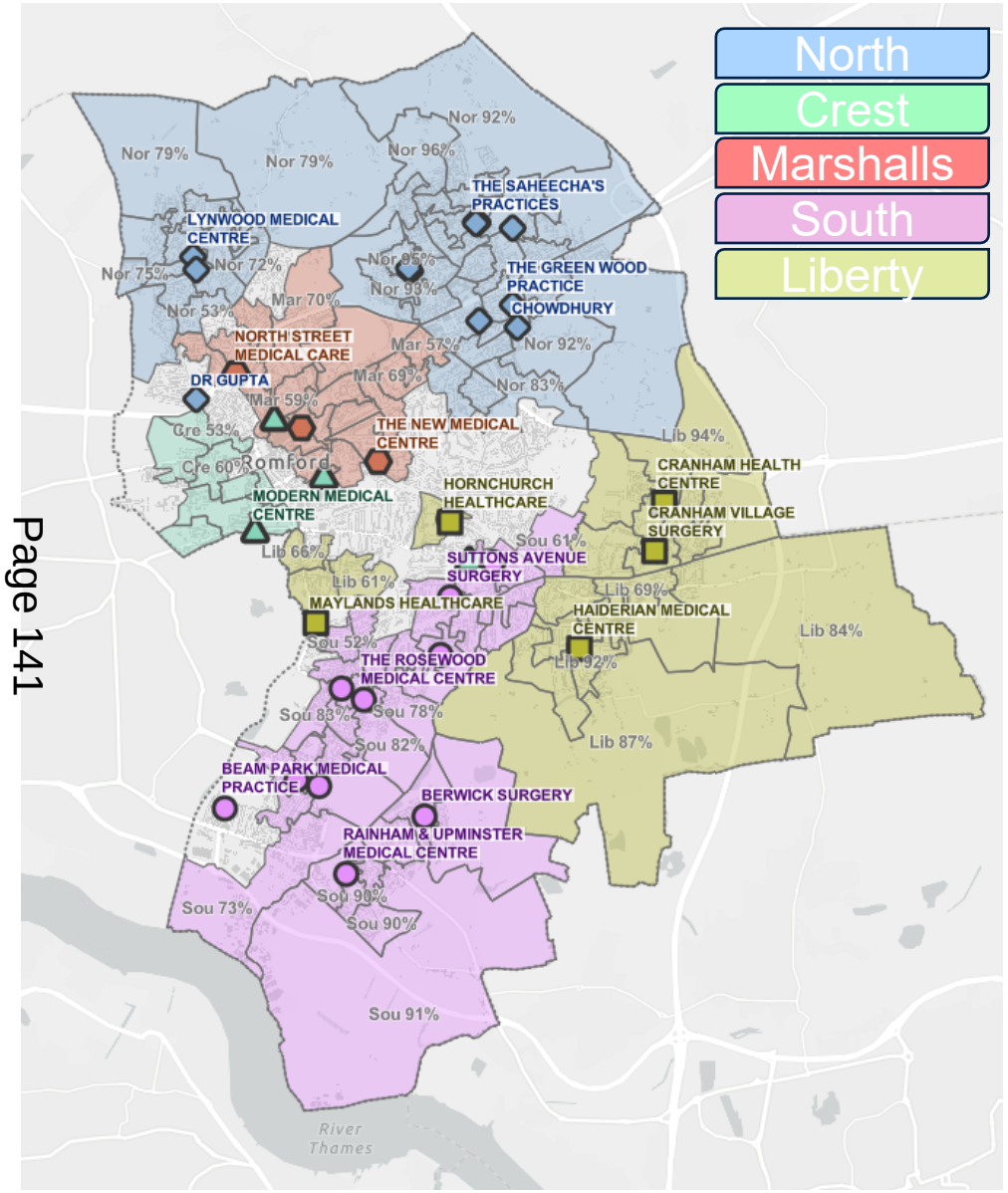
The size of the **neighbourhoods** will vary according to a number of factors, but broadly they should be small enough to resonate and reflect local communities but also large enough to be able to practically and efficiently deliver services. In our emerging north-east London landscape the **smallest neighbourhoods are around 30,000 in population, increasing to up to c. 100,000** which is very much in line with national benchmarks.

Recommendation: Initial Mapping
3 Localities & 5 Neighbourhoods



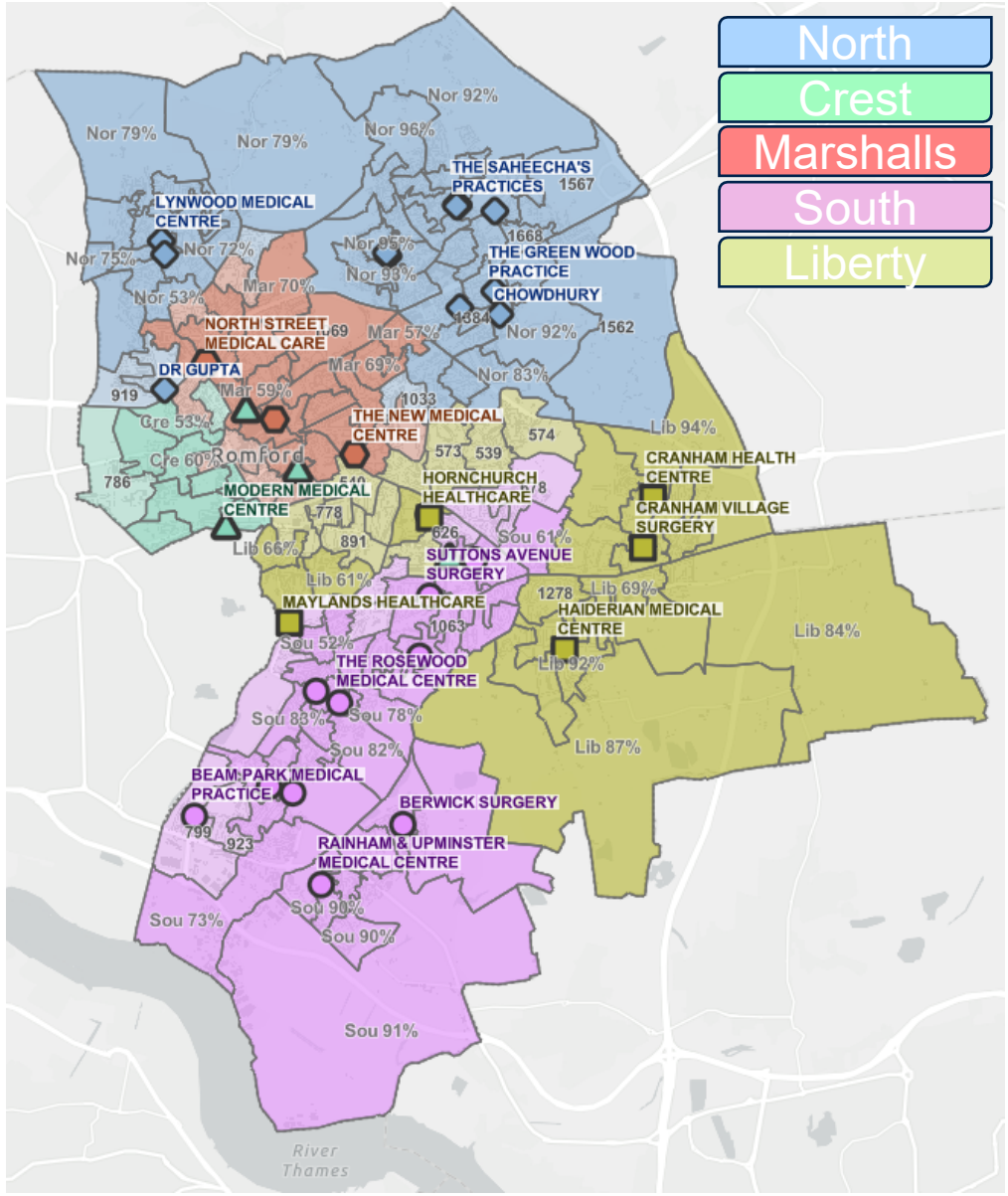
- Following initial conversations with ICB primary care colleagues, this was a rough mapping of the existing PCN boundaries
- Broadly showing where the majority of the practices within the PCNs fall under

Recommendation: greater than 50% patients in LSOA
3 Localities & 5 Neighborhoods



- Where a PCN has greater than 50% of patients in the LSOA, the LSOA has been assigned to the respective PCN
- Where there are gaps, no respective PCN has more than 50% of patients within the LSOA
- The colour-coded shapes represent GP practices and are aligned to their contractual PCN
- Some practices therefore appear to fall under the footprint of another PCN, however this is because the LSOA of the practice location has less than 50% of patients

Recommendation: greater than 50% patients in LSOA combined with patient count 3 Localities & 5 Neighbourhoods



Where no PCN has a greater than 50% of patients in an LSOA, it has been allocated to the PCN with the highest count of patients

3 Localities:

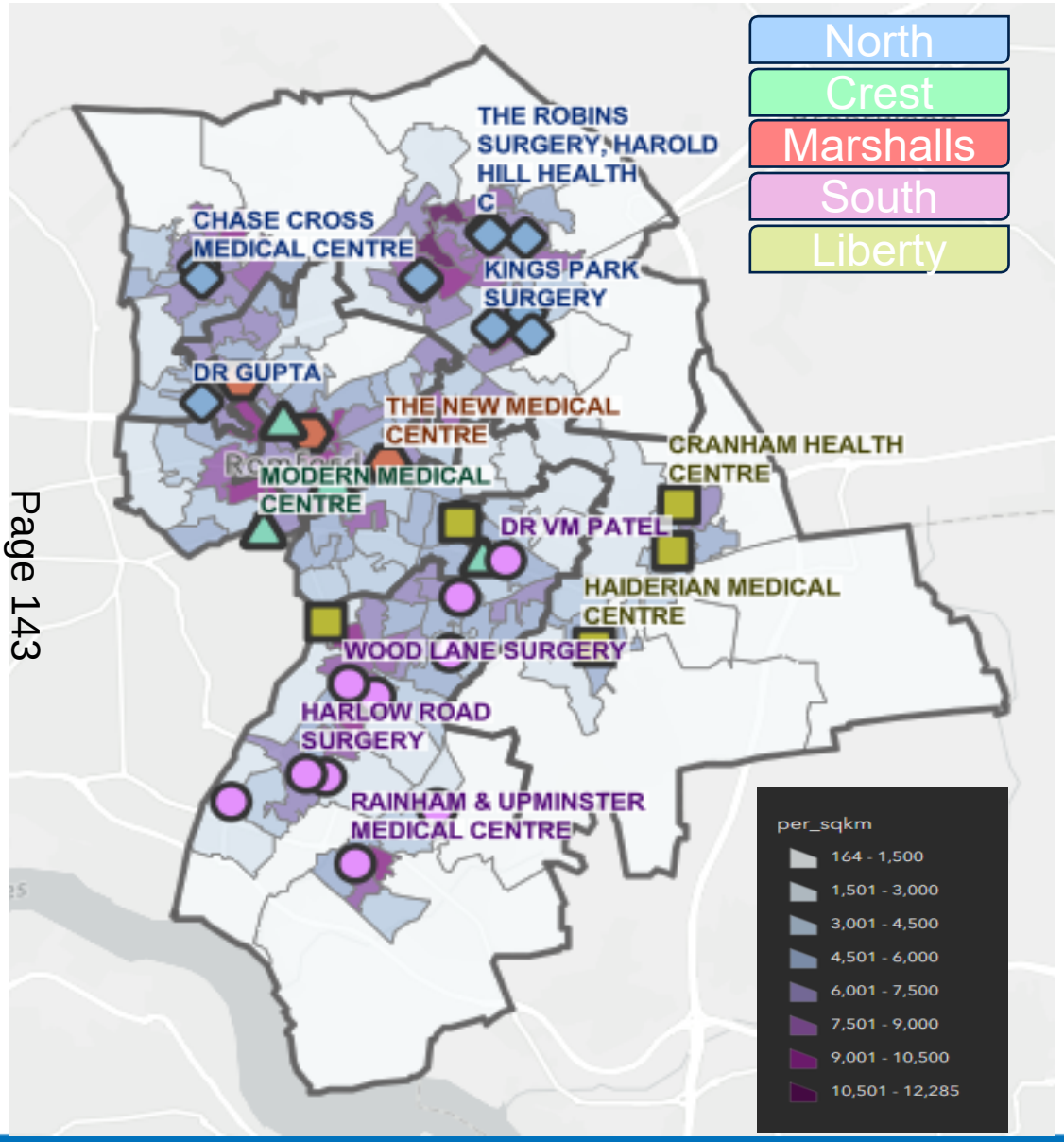
- North – covering North PCN practices
- Central – covering Marshalls & Crest PCN practices
- South – covering South & Liberty PCN practices

5 Neighbourhoods:

- North – covering North PCN practices
- Crest – covering Crest PCN practices
- Marshalls – covering Marshalls PCN practices
- South – covering South PCN practices
- Liberty – covering Liberty PCN practices

Caveat – proposed starting point which will evolve through population demand and subject to change according to INT maturity

Proposal: INT Boundaries by Population Density
3 Localities & 5 Neighborhoods



Population Density per square metre:

pcn	per_sqkm
Havering Marshall PCN	5,060.7
Havering Crest PCN	4,718.3
Havering North PCN	2,584.4
Havering South PCN	2,308.8
Havering Liberty PCN	1,474.5

Forecasted Population Growth in Havering:

- The future population of Havering is forecasted to increase with an additional 12,000 homes around central Romford over the next 10 years
- This is estimated to be an additional 30,000 residents, excluding population growth elsewhere of the borough

Rationale

- Similar set up to exemplar Neighbourhoods that already operate in other parts of the country e.g. Manchester, Cambridge & Peterborough, City & Hackney, Buckinghamshire
- Neighbourhoods would serve populations up to circa 100,000 which is in line with NEL guidance on national benchmark population sizes
- The proposal is based on mapping of existing resources as majority of teams that lend themselves to Neighbourhood working are already operating geographically based around these footprints e.g.

Teams that are currently/soon to be set up to operate from (North – North PCN, Central – Marshalls & Crest PCNs, South – South & Liberty PCNs) footprint

- NELFT - Mental Health & Wellness Teams
- NELFT - Talking Therapies
- NELFT - Community Nursing
- LBH – Adult Social Care * currently restructuring to align

Teams that are currently set up to operate from North, Marshalls, Crest, South & Liberty PCN footprint

- NELFT - Learning
- NELFT - Psychological Professions in Mental Health Wellness Team
- NELFT - Early Intervention In Psychosis Teams
- NELFT - Older Adult Mental Health Team
- NELFT - Memory Service
- NELFT - Community Cardiac
- NELFT - Community Diabetes Team
- NELFT - Community Respiratory Service
- NELFT – Integrated Community Matron
- NELFT – Community Night Service
- NELFT – Community Oncology
- General Practice – Additional Role Reimbursement Staff

- Utilising natural pre-existing structures allows ‘boundaries’ to be more easily understood by stakeholders
- In line with London Target Operating Model proposal that “It is much easier to begin by enabling people to work together differently, rather than to start with trying to reconfigure organisations”
- Meets national guidance that will allow health and social care to work together within boundaries that won’t prevent seamless joined up care – current social care teams are restructuring to support this